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"An assessment of job motivational factors of HIV/Aids lay counsellors working for Western Cape NGOs"

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ABSTRACT

The purpose of this research was to uncover determinants in the work of NGO lay counsellors in the Western Cape which both motivate and de-motivate. The methodology used was to administer questionnaires to these counsellors. Secondly, questionnaires were also administered to the project managers who co-ordinate the counsellors at each of the seven participating NGOs. In total 114 HIV/Aids counsellors completed the questionnaires. Central questions were selected from these questionnaires and formed the backbone of the study, which was informed by Herzberg's Two Factory Theory among other theories of motivation. Overall the research results indicated that Extrinsic factors of the counsellors' job roles were not being met. The researcher concluded that NGOs and local government should address Extrinsic factors in order to raise levels of Intrinsic motivation.

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CHAPTER ONE:

INTRODUCTION TO THE RESEARCH

"An assessment of the motivational factors of HIV/Aids lay counsellors working for Western Cape NGOs"

1.1 Introduction

This chapter will address the background to the study, the organizational descriptions, the rationale for the research and the research questions as emanating from pre-research interviews.

1.2 Background to the Study

The study aims, in part, to highlight the position of the HIV/Aids lay counsellors across the selected NGOs. While the NGOs provide the counselling service for the Department of Health it can be said that the service has been implemented and continues to run without an objective conduit being given for the expression of thoughts and feelings of the lay counsellors who conduct the frontline work. Given that the lay counsellors are the 'face' of the service it is vital that there motivational factors are considered.

The Family and Marriage Society of South Africa is a national Non- Governmental Organisation (NGO). Operating only within South Africa's borders FAMSA has an office in every major city and town in the country including Cape Town, Pretoria, Johannesburg, Durban, Bloemfontein, Pietermaritzburg, East London and Port Elizabeth.

In the Western Cape FAMSA has offices in Knysna, Mossel Bay,George and Cape Town.

FAMSA was born out of the 1946 ACVV conference in Cradock, South Africa. FAMSA was initially called the Marriage Advice Bureau and was supported by the then Department of Welfare. From its inception it began its operations in the city of Cape Town and in 1950 the Bureau moved out of the ACVV offices and into its own offices in the Groote Kerk building in Cape Town. In 1958 it was felt that the Bureau had outgrown the ACVV and in a meeting on the 26th of May of that year, it became an independent organisation called The Western Cape Society for Marriage and Family Life. This name stuck until the early 1980's when the societies began using the name of FAMSA. FAMSA Western Cape (FAMSA WC) moved from the Groote Kerk offices to the present Observatory offices in February 2002.

The varied services which FAMSA WC provides are indicative of the varied needs of the client base. In fact the name "Family and Marriage Society…" can be seen to be misleading as will be explained. Firstly FAMSA WC does not work solely with families or married couples, rather it works in the field of relationship counselling, which is a broader field than the name implies. FAMSA WC engages in marriage counselling as well as couple counselling for couples who are living together "as if married" (partners) and couples who are not living together. Further, relationship counselling can be a counselling service offered to two or more colleagues or members of a family or a blended family.

Secondly, FAMSA has recently started to provide services such as trauma debriefing, HIV/Aids counselling and training for lay and professional community members (see www.famsawc.org). There has been an increase in these services as also the spectrum of communities in which FAMSA WC operates these services. Relationship counselling services too, cut across diverse socio-economic sectors of society. Consequently, a counsellor at FAMSA can see an affluent couple from Bishopscourt followed, in the next session, by a couple from Nyanga on the verge of destitution and requiring FAMSA services.

1.3 Organisational Descriptions

In the 2006-2007 annual report FAMSA lists its mission as *"To empower people to reconstruct, build and maintain sound relationships in the family, marriage and in communities"*. The vision of the organisation is to "*Actively participate in the protection and preservation of family life"* (Annual Report 2006-2007: 2).

FAMSA WC is situated in Observatory, Cape Town and is the Head Office for the Cape Town area with five satellite branches under its control. These satellite offices are situated in Bellville, Mitchell's Plain, Gugulethu and Khayelitsha and Factreton, with additional 'container offices' in Site C, Elsies River and Dunoon. FAMSA Western Cape draws clients as far afield as Atlantis (West Coast) and the Helderberg region and when

clients telephone for counselling sessions they are, for convenience sake, generally referred to the nearest FAMSA office in relation to their work or residential address.

The FAMSA office in Observatory offers the full bouquet of FAMSA's services. While the smaller satellite offices offer many forms of counselling they may not, for example, offer trauma debriefing or perpetrator rehabilitation counselling. Collectively the offices provide the following services:

Training: Domestic Violence, HIV/ Aids, Basic Counselling, Trauma Debriefing

Counselling: Couples, Individuals, Divorce Mediation, Families and Marriage Preparation, Trauma Debriefing, Pre and Post HIV/Aids test and Domestic Violence

Prevention Services (Youth Work): Violence Awareness Programs, Life skills

Employment Assistance Program Services: Provide the above "bouquet" of services for eight private companies as per pre-arranged contract

Poverty Alleviation: "Sisonke" Bead-Work Project in Langa, Food Parcel Delivery Scheme.

According to statistics from FAMSA WC's 2006-2007 Annual Report, 27 289 people were counselled in this time period, across all the offices in Cape Town, and 142 training sessions were held in which 938 people were trained. These training sessions conducted included such areas as counselling, trauma debriefing, domestic violence, HIV/Aids and prevention (youth) work.

The Observatory office oversees the satellite and container offices. The staff complement at the Observatory branch is 35 in total. As an NGO, FAMSA is governed by an Executive Committee which consists of volunteers who meet on a monthly basis. For the purposes of this document the researcher will not go into detail of the staffing at the satellite offices.

The day-to-day operations of the agency are controlled by the Director, who oversees all strategic planning for the agency. The Deputy Director oversees the project manager and all human resource functions. The Project Managers (there are 3 excluding the financial manager) run their own projects (Domestic Violence, HIV/AIDS and Family Foundation {lay counselling training and supervision}) and are assisted by entry level social workers, social auxiliary workers and community workers in the running of their projects.

The HIV/Aids project manager oversees the activities of the lay counsellors. This project manager is assisted by two coordinators who work directly under her. The coordinators deal directly with the HIV/Aids lay counsellors. The clinics in which FAMSA are currently operating are the following:

1. Cape Town Station Clinic
2. Robbie Nurrock Clinic
3. Queen Victoria Clinic
4. Spencer Road Clinic
5. Woodstock Community Health Centre
6. Groote Schuur Hospital

7. Factreton Day Hospital
8. Factreton Clinic
9. Brooklyn Chest Hospital
10. Chapel Street Clinic

FAMSA operates this counselling service for the Department of Health in the area called the "Sub Western District". FAMSA shares this area of operations with Leadership South, another NGO offering the HIV/Aids counselling service for the Department of Health.

The counsellors are paid by FAMSA with money received from the Department of Health which outsources the counselling of clinic patients in HIV/Aids related matters to FAMSA. FAMSA, in turn, provides their salaries, supervision, administration and management. The department sets the goals which FAMSA then has to meet with the counsellors.

The counsellors fall into three groups, as follows:

a) Adherence counsellors who offer support and information to those already diagnosed with HIV/Aids and who are receiving treatment.

b) Other counsellors provide both 'Voluntary Counselling when Testing' (VCT). Such counselling sessions revolve around providing psycho-social support as well as educating people about their illness. These sessions take place before and/or after a person has received an HIV/Aids test.

c) ‘Mother To Child Transmission’ (MTCT) counselling sessions deal with educating and supporting pregnant women who are HIV positive.

The reason for the differentiation is due to the fact that Adherence counsellors get paid more than VCT and MTCT counsellors. Counsellors are meant to have a private space in the clinics in which they can counsel clients.

FAMSA is not the only NGO affiliated to the Department of Health to provide this service. Others such as Lifeline, Leadership South, Etafeni, Philippi Trust, Living Hope, Sothemba and Wola Nani provide the same service in different geographical areas.

Living Hope was started in 1999. According to their website (www.Livinghope.co.za) they are a faith based organisation who focus on HIV/Aids. They are based in Kommetjie. They also offer palliative care and prevention ministries. They operate in Masiphumelele, Ocean View, Mountain View, Red Hill, Muizenberg, Capricorn and Overcome Heights.

The Philippi Trust is a part of an international organisation. According to their website (www.philippitrust.co.za) they are involved in counselling, the training of counsellors and projects to help orphans and vulnerable children.

On Etafeni’s website they state that Etafenie is a “Resource for the community in the struggle against Aids” (www.etafenitrust.org). They are involved in childcare, food

gardens, income generating projects, building work and the "greening" of the township. They are based in Nyanga.

Leadership South are described on a directory website (www.aidsbuzz.org) as an organisation which is "Providing a peer HIV/Aids life skills training program in secondary schools in Cape Town and VCT counsellors for public health facilities.

Life Line Western Cape is a part of national organisation. Famed for their twenty-four hour crisis line they also provide general counselling, bereavement counselling, trauma debriefing and counselling for children (www.lifelinewc.org.za).

The Centre of Hope's mission statement, as described by a directory site, is "To help those in need achieve their true destiny in God and to see communities transformed and in so doing reflect His glory in such restored lives. As such the Centre of Hope respond to the challenges concerning HIV and Aids" (www.myggsa.co.za).

1.4 Rationale for the Research

The World Health Organisation, in a joint presentation with UNAIDS, stated that there are thirty-three million people worldwide living with HIV and 2.7 million new infections each year (WHO 2007: 1), and that there are twenty-two million people in sub- Saharan Africa alone living with HIV (WHO 2007:3). The estimated child deaths each year in this region is said to be 1.5 million in 2007 (WHO 2007:6).

According to Drower (in Becker 2005:101), “It is no longer possible to live in South Africa and not be aware of the HIV/Aids epidemic”. Further highlighting the South African HIV/Aids context Drower states that in mid-2001 an estimated 7 million South Africans were infected with HIV. Drower, citing the Human Development Report of the United Nations says that as a result the life expectancy in South Africa will decline to “45 years during the period 2000-2005” (in Becker 2005:101).

Barnett and Whiteside (in Reddy et al 2007:14) stated that, “Southern Africa is the sub region most affected by the HIV/Aids pandemic.” Schulz- Herzenberg wrote that the Western Cape has a “…rate (infection) of 15 percent” (2007:14).

Mayers (in Becker, 2005:207), stated that HIV/Aids is the condition which has probably brought the greatest challenge to health and social care in the last 50 years, with the greatest impact on Africa”. Mayers cites the Human Sciences Research Council (2002) finding that the total percentage of the South African population living with HIV was 11.4% and carries on to say “It is predicted that 6-10 million South Africans will be living with HIV/Aids by 2010”. The South African in the “Government Progress Report on the Declaration of Commitment on HIV and Aids” reported the difference across the different provinces in the country by stating, “HIV prevalence varies considerably throughout South Africa. Some provinces are more severely affected than others, with the highest antenatal prevalence in 2006 in Kwa-Zulu Natal (39.1%) and the lowest in the

Western Cape (15.1%) (South African Government Progress Report on the Declaration of Commitment on HIV and Aids, January 2006- December 2007)

Drower, citing Ross (2001:21-26) lists several reasons why counselling is important in the field of HIV/Aids in a South African context. These include the fact that in South Africa there is a great deal of stigma and confusion around the illness and those living with it, which leads to discrimination. The prevalent poverty in millions of South Africans in the wake of apartheid is further exacerbated by HIV/Aids which often takes the lives of the economically viable and leaves "child headed households" which, "…often means that the traditional functions of the family are no longer fulfilled" (Drower 2005:106).

Mayers (2005:208) writes that, "…community clinics… bear the brunt of the care needs" (in HIV/Aids work). Mayers cites Petersen and Swartz (2002:1008) who noted that "Primary health care providers are the first and sometimes only, health professionals to come in contact with patients who are HIV positive". This is a significant statement as, although the lay counsellors to be interviewed in this current research study are not medical professionals, their presence in clinics often means that those workers who are medically trained (such as doctors and nurses) leave the emotional and psycho-social counselling services up to the counsellors entirely. Thus it is important to include the effects of counselling HIV positive patients on lay counsellors as there may be a psycho-social impact on them.

Mayers continues to state that “health professionals need to deal with a range of issues including… feelings of helplessness in the face of the unpredictable…. And dealing with large numbers of young patients, repeated exposure to death and dying”. Gibson, Swartz and Sandenbergh (2002) as cited by Mayers (in Becker 2005:209) list several factors which make it difficult for professionals working with HIV positive patients. These include:

- Difficulty in promoting patient behavioural change
- Reluctance in discussing sexual habits
- Community denial
- Stigma and rejection from communities
- Working with loss
- Increased overload of HIV/Aids patients on the health care system

Gibson, Swartz and Sandenbergh make the further point that such issues leave an effect on the staff dealing with them such as “staff illness and death owing to HIV/Aids and loss of skills in the work force and the impact on workforce dynamics”. Meyers wrote that health professionals may experience “marginalisation” for doing such “unpopular patient care” and as a result experience “secondary marginalisation”. On this topic Meyers wrote that “Vicarious traumatisation and compassion fatigue occur as the result of accumulation of experiences in psychotherapists and other health care providers and are major influencing factors in the development of burnout. Meyers, Grossman and Silverstein (1993) as cited by Mayers (in Becker, 2005:209) “…reported that social workers, nurses and other health care professionals who work with people with HIV/Aids were

experiencing burnout from the excessive demands on their energy, strength and resources. Silverman cited by Mayers, "raised the possibility of HIV caregivers stress syndrome, noting that there was a relative lack of attention paid to the stressors experienced by providers who care for people with HIV/Aids" (in Becker, 2005:209).

The central rationale for this research is to explore the experiences of counsellors in several NGOs. Such research could enable the nine NGOs who provide counsellors to do this work to lobby the Department of Health for changes which they may deem to be necessary.

The group of HIV/Aids counsellors who are to be studied have posed various problems for FAMSA management over recent years. Many of these issues have continued to the present day and show little sign of abating. This research emanates out of social work practice at FAMSA Western Cape.

1.4.1. Pre-research Interviews

Three pre- research interviews were conducted with both the current HIV/Aids project manager (June 2007- present) and the former manager of the same post (2004 - June 2007), who is now the deputy-director and the current fundraiser of the project. It became apparent that several factors have been raised by the counsellors and that these factors played a role in the set of work-related irregularities which have occurred and still do occur.

The three people interviewed are all well positioned to give, historic and current information regarding the project as a whole as well as provide the researcher with information about the issues raised by the counsellors. It was important to include as many of the NGOs in this industry as possible, since similar issues had arisen in other NGOs.

The researcher had identified nine NGOs who provide this form of HIV/Aids lay counselling for the Department of Health and will attempt to include them all in the study.

Issues raised regarding counsellors during the pre-research interviews:

The pre-research interviews helped the researcher in the following ways:

- To choose to research the topic of motivational factors amongst the lay counsellors
- To define the research into the focal question

The issues that were raised during the pre- research interviews were given to the researcher by the abovementioned three FAMSA Western Cape staff members who are heavily involved with the management of the project. These were the fundraiser and the former and current project managers.

Firstly the counsellors state that they are underpaid. While they deem their work important and they are contractually obliged to counsel for forty hours per week, this is

an issue within the group. Within the group of HIV/Aids counsellors there are two subgroups: lay counsellors are paid R2226 while the more qualified adherence counsellors are paid R2783. Both amounts are reflected as monthly salaries.

Secondly, counsellors state that they do not belong to an over arching body. Although their salaries are paid by the Department of Health through FAMSA and officially they have a connection to both, they do not feel affiliated to either.

In the 2006-2007 financial year when FAMSA raised staff salaries without an increase in subsidies, the HIV/AIDS counsellors did not receive any increase.

Thirdly, the issue of leave. The perennial issue of leave over the Christmas period is reportedly another factor in this sentiment of non-affiliation. While FAMSA staff receive leave approved by the executive committee during this time and also salary increases, the counsellors have to work because their leave and working hours, while administered by FAMSA, are determined and set by the Department of Health. Consequently, when the clinics are open, the counsellors must work. This appears to have further caused a sense of disparity amongst the counsellors.

Fourthly, there is distrust. For example, the counsellors accuse FAMSA Western Cape of misusing the money given to FAMSA for which counsellors are paid for their services.

This reported misuse of money issue has manifested itself in the form of several complaints and/ or accusations in the recent past.

Despite the fact that there may be facts proving FAMSA's honest conduct, and that there were attempts to clarify the appropriate use of funds, the accusations persist. Despite several attempts to 'clear the air' on the issue by FAMSA management, the accusations persist within FAMSA and it was raised once more during the researchers pre- research interviews.

1.4.2 Behaviours displayed by counsellors:

Several behaviours reportedly displayed by the counsellors may be as a result of poor levels of satisfaction in the job, for example, passive aggressive behaviour and frustration.

There are overt displays of mistrust, such as the example when counsellors wanted to join a labour union a few years ago. When the union member came to discuss the possibility with them they decided against it due to the cost involved. However, some counsellors reportedly accused FAMSA of having bribed the union official into providing false information so that they would not join.

Absenteeism is a frequent occurrence amongst the counsellors. While managers expect some absenteeism among a group of workers, it is the nature of the absences which is

more worrying. There is a supposition that several counsellors are HIV positive and while some counsellors are open about having a HIV positive status others may not be at all. This may play a role in absentee rates.

Counsellors have attended family funerals in the Eastern Cape without giving notice to the project manager. Sick days have also gone unreported and stays at home exceeding time booked off by a doctor have occurred.

Often it is not until staff (a doctor or nurse) at the clinic notices that the FAMSA counsellor is not on duty and phones the project manager that the absence is noted officially.

On occasion counsellors have left without serving out their one month notice period. This has left a gap in services or the need for a hasty reshuffle to temporarily provide a service in a needed area.

A sense of not belonging is evident in the organisation. This has grown to the extent where the counsellors arrange and attend their own end of year function separate to the staff and sessional workers from FAMSA Observatory and its satellite offices.

A general sense of dissatisfaction prevails, and this is seen too in unfavourable comparisons of FAMSA to other NGOs doing similar work for the Department of Health

such as Lifeline, Leadership South, Sothemba, Phillipi Trust, Wola Nani, Centre of Hope and Etafeni.

Monthly targets (how many clients have been seen and how many educational groups have been run) are often not achieved. The target achievement is based on statistics which are completed by the individual counsellors based on the work they have done. In addition statistic forms have also been known to have been falsified. This has lead to disciplinary action from FAMSA.

1.5. Contributory Contextual and Organisational Issues:

Based on the pre-research interviews, there are reportedly contextual and organisational issues which could play a role in the underachievement (missed targets and tasks not being performed).

Firstly, these include power dynamics and hierarchical problems between the counsellors and the nursing staff in the clinics in which they operate. In this respect, counsellors report that they have to adhere to instructions from nursing staff who are seen as "superior" to them, instead of at the same level. This often results in counsellors working in the clinics administration office or doing other tasks for nurses as they feel obliged to due to the falsely perceived hierarchy.

Secondly, the deficit of suitable counselling venues in the clinics also plays a role. In this respect nursing staff will often use the venues set aside for counselling to weigh babies or for other medical purposes. In order to speed up the process the counsellors will often help in this exercise. In some cases inappropriate venues have been used as the original counselling venue is occupied. In one example a cloak room was used but people kept entering the supposedly confidential venue to hang up or retrieve clothing.

Thirdly, inconsistent supervision is a factor. In FAMSA's case the two counsellor coordinators are based in Observatory, which is five kilometres away from Cape Town city centre. Close monitoring of the work being done in clinics by the counsellors is often difficult. Visits to the clinics are mostly pre-arranged. One of the coordinators does not drive and thus frequent visiting has proved difficult to arrange. This may further lead to a sense of not belonging or being attended to by FAMSA coordinators. It may also allow a working environment where too little supervision is provided which can lead to counsellors not performing their tasks properly resulting in disciplinary issues.

Fourthly, geographical zoning is an issue. What may further be adding to the uncertainty and motivational issues is that the Department of Health has re-zoned the health districts in the Cape Metro area (from the beginning of April 2008). Consequently, counsellors currently under FAMSA's supervision and payroll will be under the supervision of another agency (e.g. Lifeline) despite not having moved geographically. The uncertainty of working for a new set of superiors and having benefits change (for example not all agencies provide funeral benefits) may be felt by those scheduled to move. For those

remaining, the threat of further re-zoning may play a role in insecurity and demotivation in the job. Partly due to the re-zoning, the researcher feels that this is a particularly pertinent time to assess issues surrounding motivation.

1.6 Professional Role of the Researcher in Relation to the Research Task

The researcher works for FAMSA Western Cape in the position of project manager (not the HIV/Aids prevention project) and has gained insight into the complexities and issues in the HIV/Aids prevention project. This insight has led the researcher to want to further explore this topic. In the opinion of the researcher, remaining objective was not difficult. This is due to the fact that the researcher does not work in this project at all and has no contact with the counsellors.

1.7. Research Questions

The focal research question being addressed in the following document is:

"What are the motivational factors amongst the HIV/ AIDS lay counsellors working for Western Cape NGOs (FAMSA, Leadership South, Lifeline, Sothemba, Etafeni, Phillipi Trust and Centre of Hope and Living Hope, Sothemba and Wola Nani) who conduct an HIV/AIDS lay counsellor service?"

In this research the researcher hopes to investigate the notion that the HIV/ Aids lay counsellors are not working with an adequate level of motivation. Suggestions will be

made as to why this is the case and recommendations will be made to the NGOs as to how they can increase the levels of motivation amongst this staff group.

The research goal further, is to highlight what the current levels of motivation are in different aspects of this job. This can be done specifically within a participating NGO and also within the NGOs in total. In addition, to provide an insight into how motivation levels can be heightened and sustained amongst this staff group at the NGOs in question.

The research objectives and assumptions of this study are as follows:

To provide a relevant theoretical framework of motivational studies upon which the study will be based.

- The assumption with this objective is that using contemporary motivational theory to try and enhance a demotivated workforce will prove only of limited use as the workforce in question is yet to have their hygiene needs met (see Chapter Two for a full explanation of hygiene needs).

To determine the differing aspects of motivation amongst the HIV/Aids counsellors between the NGOs in question.

- The assumption here is that counsellors experience different aspects of their work as motivating or demotivating and, since the NGOs

involved are so different, that motivation will differ between the NGO counsellors.

To determine what factors lead to demotivation or motivation amongst the HIV/Aids counsellors.

- Here various aspects of the Two Factor Theory (Herzberg, 1959) are put to the counsellors. The assumption is that factors relating to the Hygiene Needs will not be sufficiently met and that this phenomenon will be the primary cause for demotivation.

1.8. Concept Clarification

The word "assessment" refers to the appraisal and evaluation of the motivational factors. The term "motivational factors" refers to, as will be later introduced, aspects of Frederick Herzberg's Two Factor Theory on motivation. These aspects include supervision, job security, advancement, salary, responsibility, work conditions, recognition, the work itself, quality of interpersonal relationships, status and company (NGO) procedures.

An "HIV/Aids lay counsellor" is an individual who has been trained in counselling skills around the counselling and supporting of people who are HIV positive or who are suffering from Aids. There are three sub types of such counsellors which are discussed in more details below.

"NGO" is an abbreviation for Non-Governmental Organisation. Such organisations are non-profit entities which provide a service to a community of need (such as to provide counselling to those who are living with or who have recently been diagnosed with HIV) within a specific geographic region which, in the context of this study, was the Western Cape region.

1.9. Ethical Concerns

Ethical concerns will be elaborated on in a later chapter. The researcher kept all questionnaires confidential and respondents were not asked to put their names on the questionnaires. Further, no questions regarding the respondent's HIV/Aids status were asked. In addition respondents were clearly informed that taking part in the research was not necessarily going to lead to any gain for them (for example shorter working hours or higher salaries).

1.10. Chapter Overview

The research document is divided into five chapters. Chapter One is an introduction to the research while Chapter Two is a literature review of relevant motivation studies.

Chapter Three addresses the research methodology and research data collection. Chapter Four comprises the data analysis and discussion of the data, and Chapter Five presents the conclusions and recommendations.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

The purpose of this section is to explore the literature around the concept of motivation. More specifically the review will look at five main areas including:

- General background on the concept of motivation
- Theories of motivation
- Intrinsic rewards
- The motivation process
- Negative effects of poor motivation

Most managers recognise how crucial staff motivation is for an organisation. In this respect John Hinrichs wrote, "Everyone recognises motivation as the glue that holds an organisation together; it is the stuff of progress" (1974: 37). Further, "If we are able to specify the interrelationships among the subparts (of motivation) we will be able to identify leverage points where managers can make things happen more predictably". He pointed out that this, conversely helps identify where managers cannot do this.

Gibson, Ivancevich and Donnelly (2000: 107) define motivation as "Forces acting on an employee that initiate and direct behaviour". Hinrichs defines motivation as, "…the process by which choices between alternatives are made" (1974:39). Robbins (1994), quoted in Swanepoel (1998:349) states that, "Motivation is the willingness to do something, and is conditioned by this action's ability to satisfy some need of the

individual". Freemantle (2001: 69) wrote in "The Stimulus Factor" that, "All motivation is temporary and to regain it, a further stimulus is required" while Atkinson wrote that, "The study of motivation has to do with the analysis of various factors which incite and direct an individuals actions". He continued on to say that "…motivation is used to refer to unconscious determinants" (1964:1).

Therefore, according to the above authors motivation is seen as forces, a process of choices and a willingness to act.

2.2 Motivation Theories

Motivation theories emanate from different perspectives as will be seen below.

2.2.1 Content Theories

Content theories of motivation, according to Gerber, Nel and Dyk (1987), "…focus on the internal factors that influence an individual's behaviour and are based on the fact that the human being attempts to satisfy internal needs through unique behaviour"(1987: 323). The following three theories of motivation are examples of content theories:

Abraham Maslow (1970) developed a needs based theory which he labelled the "Hierarchy of Needs". De Board (1978: 108) describes the theory as one where, "…man's behaviour arises from the way in which he continually strives to satisfy his

needs". The needs listed by Maslow operate in what De Board describes as a "hierarchy of urgency" (1978: 108) and these include (in order): Physiological needs, Safety needs, Social needs, Ego needs and needs of Self- Actualisation. Beukes (1977:112) in the study called "Effective motivation of Coloured Labour in the Construction Industry of the Cape Peninsula", found that, "with regard to the population sample as a whole there exists a deficiency in the gratification of lower level physiological safety needs of the respondents." Here Beukes refers to "fair policies" from within the company and to a "need for security" as well as "economic security". Beukes' writings are relevant to this study as although it was written 30 years ago, it was based on a group then marginalised socio-economically by the oppressive apartheid regime. Although this is not the case with the HIV/AIDS lay counsellors, the effects of apartheid are still being felt socio-economically by the previously disadvantaged communities.

Herzberg's Two Factor Theory

However, while Maslow's Hierarchy of Needs is a well used theory in describing human motivation in life in general, it does not translate easily into motivation and efficiency in the work place. Herzberg's "Two Factor Theory" extended the hierarchy of needs ideas and is more suited to the work place.

Hellreigel and Slocum (1992:12) wrote that this theory states, "…that distinct kinds of experiences produce job satisfaction (Motivational factors) and job dissatisfaction (Hygiene factors)". Hersey and Blanchard (1969:47) explained that Hygiene factors, "…are not an intrinsic part of the job, but are related to the conditions under which the

job is performed". The authors further state that, "Hygiene factors produce no growth in worker output capacity, they only prevent losses in worker performance".

When explaining Herzberg's 'Motivators' Hersey and Blanchard (1969: 47) wrote that Motivators, "…seem capable of having an effect on job satisfaction often resulting in an increase in one's total output capacity". These include, "…feelings of achievement, professional growth, and recognition that one can experience in a job which offers challenge and scope". It is fair to say that the needs, similar to Maslow's , are "classified in a hierarchy" (1969:48) with Hygiene factors needing to be met before Motivators could be experienced.

When describing Motivators Dessler wrote "The right way to motivate someone, says Herzberg, is to arrange the job in such a way that the person gets a kick out of doing it. Then by performing the job the person is able to satisfy his or her infinite craving for thing like achievement and recognition" (Dessler 1983:122).

The "extrinsic" factors include, according to Gibson et al (2000: 119), "Salary, Job Security and Working conditions". They go on to state that while the presence of these factors does not necessarily motivate the employee, the absence of them will lead to dissatisfaction. This is what is known as the Hygiene factors.

Gerber, Nel and Van Dyk (1987:327) add that, "Herzberg states that dissatisfaction is caused by the absence of…Hygiene factors". On the subject of pay as a Hygiene factor

Sirota et al (2005: 77) wrote that, "…compensation is extraordinarily important for worker morale and performance".

Gordon (2002:106) adds that although Hygiene factors do not lead to motivation themselves "they must first be at an acceptable level before a motivator can have a positive effect". Due to this and the fact that Beukes' research showed an absence of Hygiene factors amongst his respondents, Herzberg's Two Factor Theory will be the central theory on Motivation used in this text.

The following text pays close attention to 'Intrinsic' motivational theorists however the reality remains that when conducting this research, work is being done with respondents who very often are towards the lower end of the socio-economic scale. This is significant as Hersey and Blanchard wrote, "…unsatisfied hygiene needs (…money) may lead to restriction of output" (1969:49).

Beukes (1977: 46) found that, "The most frequent single factor causing dissatisfaction was found to be interpersonal relationships with supervisors and peers, while salary caused dissatisfaction in groups from a poor economic background". In this we can see that low levels of motivation are, in part, determined by "extrinsic factors" which Herzberg referred to as, "Quality of interpersonal relationships amongst peers, with supervisors" and "Salary" (in Gibson et al, 2000:119).

Herzberg's Two Factor theory did not propose the use of Hygiene factors to motivate staff. Dessler wrote, "Herzberg contends that using financial incentives is a poor way to motivate someone" and "…hygienes…should not be used to motivate workers" (1983:121,122). But the distinction which Dessler makes is that this should only be the case once hygiene factors are met. "Hygienes…must be adequate so that employees don't become dissatisfied" (1983: 122).

The "Two Factor Theory" is well placed for the purposes of this research as it looks at both dissatisfiers- satisfiers or hygiene-motivators (Gibson et al, 2000: p118). Whilst it is widely known that Herzberg's original testing was conducted with accountants and engineers, the theory's ability to take both 'extrinsic' and 'intrinsic' factors into account allows it to be used for this research. The "Two Factor Theory" will take into account both the "job context" and the "job content" (Gibson et al, 2000: 119).

Thomas (2000) noted that simply looking after people's extrinsic needs was no longer sufficient and that "Money and benefits are extrinsic motivators…useful for compliance from workers". He went on to add that, "Extrinsic benefits don't come from the work itself" nor do they "…guarantee commitment or initiative". He maintained that extrinsic benefits were not necessarily appealing to the employees "passion or intelligence".

Edward Deci (1975 in Franken 1988) stated that "…intrinsic motivation is tied to a person's need to be competent and self- serving" (Franken 1988:470). Franken raises the issue of 'choice', the subsections of which are high choice and low choice. Franken wrote

that low choice relates to "…the condition in which a person has little or no choice in working on a task" and said that high choice is "…the condition when a person has an opportunity to refuse" (Franken 1988: 471). When thinking of the 40 hours of counselling expected of each lay counsellor it would seem that they are in an environment of 'low choice'.

Deci wrote on "Unemployment Inequity" as a topic to be considered in intrinsic Motivation (1975). When providing the scenario that a worker feels they are not getting out (perhaps in pay) what they should be, Deci maintained that a worker will be motivated to restore the equity, and that according to research it could result in decreased input or decreased outcomes. He further states that the situation frequently does not allow him to affect his level of outcomes. This is an important point to consider when researching the motivation of HIV/Aids lay counsellors.

Thomas went on to write that the "World has changed and compliance related work is no longer the norm. Motivational issues are more complex and demanding." Here he referred to previous reliance on extrinsic motivators solely. Reiterating this McKenzie and Lee (1998:5) wrote that "They (managers) can no longer manage by command, at least not to the extent they once could".

"Close supervision and detailed rules are no longer possible", also that "workers need to be self managing, self management in turn, requires commitment and initiative" (1998:

7). Deci and Ryan (1991) in Brimmer, (1994:3) stated that intrinsic motivation is underpinned by three "primary psychological needs":

- A desire for competence
- The need to be autonomous and have a sense of agency
- The need for healthy relatedness to others

Thomas asserted that, "We are now at the point of where the biggest gains will come from systematically improving rewards, making the work itself more fulfilling and energizing so that workers don't want to leave" (1998: 9).
He added that intrinsic motivation is crucial and that employees require it to "keep going at their peak".

Thus the second set of factors, "closely related to the nature and content of the work done" (Gerber et al, 1995: 327), are the "Intrinsic conditions" which Thomas noted, such as a "feelings of achievement, increased responsibility and recognition" (Gibson et al, 2000:119).Thomas (2002:8) added that, "Today's employers can no longer offer guaranteed work and a pension in return for loyalty. Good workers have more choices than before. Intrinsic rewards help retain staff".

Bowen (2000:201) wrote that, "Work is a creative expression of self and it serves as an extension to our identity" and went on to say that, "If we are not aligned to work that allows us the opportunity to 'get into it' then we are not aligned with who we are".

The aspect of self management was identified by Thomas (2000: 44). He states that, "Intrinsic rewards are linked to self management, both make up an ongoing system of mutual influence. Self management provides judgements which produce intrinsic rewards, these in turn energize the continued self management, which provides updated judgments and so on…."

He continued to state that, "If you interfere with the workers self management you reduce intrinsic rewards which in turn provides less energy for self management" (2000: 45). Increase in self management and intrinsic rewards bring about a greater commitment, innovation and other benefits such as increased job satisfaction and job benefits." Thus it can be said that Thomas links intrinsic motivation to levels of job performance. He devised four points which he lists as "judgments" which are the "logical requirements of self-management"(2000: 49). These include:

- Meaningfulness of the task purpose - This provides the worker with an opportunity they feel to pursue a worth task purpose (worth your time and energy).
- The choice of activities within the task - The opportunity to select task activities that make sense to you and to perform them in ways that seem appropriate. Being free to choose, use your own judgement and act on your own understanding of the task.
- Competence with which those activities will be performed – the accomplishment you feel in performing the tasks you have chosen. The feeling of competence involves a sense that you are doing good, high quality work on task.

- The amount of progress being made towards the task purpose- the accomplishment you feel in achieving the task purpose, the task is moving forward and the activities are accomplishing something.

Fitting in with Thomas' thoughts are Kaye and Jordan-Evans (1999: 34) who found that an enriched job will "…give an employee room to initiate, create and implement new ideas. This appears to fit with the recurring theme that motivated workers are more productive.

In addition, Hackman and Oldham (1980) noted that, "Certain job characteristics determine the motivational potential of the job and the extent to which it enhances intrinsic motivation and its consequent performance. Skill variety, task identity and task significance contribute to the experienced meaningfulness of work"(Hackman and Oldham, 1980 in Erez and Early, 1999: 112).

Autonomy at work strengthens a sense of responsibility and feedback of performance outcomes provides knowledge of results" (Erez and Earley, 1993).

However the theory of Hackman and Oldham(1980) is highly criticised from several angles and other theories, such as McClelland's Learned Needs Theory, are also prominent content theories. Gibson et al describes this theory as one that, "…proposes that a person with a strong need will be motivated to use appropriate behaviours to satisfy the need. A person's needs are learnt from the culture of a society". Thus this is another

theory which leans towards being applied in a macro setting of the motivation for a population to increase economic output (Hackmand and Oldham, 1980, in Erez and Early, 1999: 112).

Litwin and Stringer (1968), quoted in Gerber et al (1995: 330), stated that a person's motivation is directly linked to two factors, namely: "his expectancies of goal-attainment and the incentive values he attached to the presented goals". However the Thematic Appreciation Test designed to allow interpretation into what motivates a person has been described by Gibson et al (2000: 126) as "at best an art", referring to it not being accurate. Other factors such as gender, cultural background and people's motivation being set in the developmental years also form part of the critique levelled at this theory.

2.2.2. Process Theories

Process theories of motivation are described as "...aimed at determining not only what arouses behaviour, but the relationship between variables constituting the motivation process" according to Gerber et al (1995: 331).

Expectancy Theory

One such Process theory is Vroom's "Expectancy Theory of Motivation". According to Gerber et al (1995: 313) "…the assumption that individuals have expectations about outcomes that may manifest themselves as a result of what they do, underlies the expectancy theory of motivation". Basically Vroom proposes that workers "will be

motivated to work well if they have the perception that their efforts will result in successful performance" (Gerber et al, 1995: 331) and further "desirable outcomes".

As a process theory variables need to be taken into account. Vroom's variables are

- Expectancy: One expects to achieve a task and puts in effort as a result of that expectation. If one does not expect to achieve then he/ she does not work as hard or at all.
- Instrumentality: This is the belief that having attained the initial goal, the person concerned can go on and attain a second goal. This is described as a "performance to- outcome relationship" Gerber et al (1995:331).
- Valence: Is the expected sense of satisfaction when outcomes are achieved.

Franken wrote that valence "…represented the value or preference a person placed on a particular outcome." (1988:468).

Such variables are given numerical value (VIE) and can be calculated in order to determine a worker's level of motivation towards certain tasks. The notion of 'Expectancy' is particularly pertinent given the intangible nature of counselling work in terms of ever seeing results.

Crow and Odewahn (1987: 68-69) propose that "the extent to which people satisfy their personal needs in the involvement with the organisation will influence their productivity in carrying out their tasks and responsibilities". They cite McGregor (1960:68) in saying

that a type of symbiotic relationship must be formed where a worker can meet his or her personal needs while achieving the organisation's goals.

Crow and Odewahn (1987) firstly support a reasonable level of "job scope" where employees can exercise a fair level of "discretion" in their posts and are appropriately delegated to them. Secondly, they state that "job relationships" allow people to be appropriately social. This entails having a job where appropriate meaningful work relationships can be formed with individuals and teams. The thought is that this will increase satisfaction and productivity and hence efficiency. Thirdly, they look at the "Job Content" (1987: 69), which pertains to both the job description (objective) as well as the worker's perception of the content of their job (subjective). This includes the worker's sense of importance to the job.

Reinforcement Theory

Gordon (2002: 111) describes "Reinforcement Theory" as "encouraging desired behaviours and discouraging undesired behaviours through the use of reinforcers such as pay, promotion, challenging assignments or praise". In this case managers simply apply or withhold reinforcement when they feel that behaviour needs to be positively acknowledged or actively dissuaded. Naturally, the timing of such praise is important and consistency is key, as both positive and negative reinforcement must be consistent with employees and their behaviours.

Hinrichs (1974: 42-43) identifies three levels of motivational factors, similar to the work of Abraham Maslow, which affect "desired outcomes". They are:

- Needs or Drives: The forces inside the individual which determines his behaviour
- Goals: Tangible aspects of the real world toward which behaviour is directed.
- Rewards: The motivational attributes directly under the control of the organisation

Freemantle, in "The Stimulus Factor" (2001: 68) lists four main areas of motivation. His points are broad and thus rather all encompassing. They are:

- Body: Feeling physically good
- Heart: Emotionally feeling good
- Mind: Intellectually feeling good
- Soul: Spiritually feeling good

The dangers of not having a motivated workforce are emphasised by Kaye and Jordan-Evans (1999:33-34). Here it is outlined that workers who are "discontented" find one of two ways of telling their employers they are discontented. They are said to either "depart" or "disengage". Departing workers simply leave the organisation.
"Instead of leaving for the next challenge they (discontented employees) find ways to disengage. Their departure is psychological rather than physical. It shows up in counterproductive activities that range from absenteeism to mediocre performance. These individuals simply withhold their energy and effort, figuring, "What's the point anyway?" wrote Kaye and Jordan-Evans (1999: 33).

Freemantle (2001:3) explained that “In the absence of …stimulus both motivation and performance will erode and people will progressively revert to habit and routine”, and that “hard work has to be supplemented with the occasional stimulus to sustain motivation”.

2.3 Conclusion

In summary, from this literature overview it can be deduced that simply employing extrinsic motivators to a workforce is insufficient. Intrinsic aspects of motivation need to be carefully considered and taken into account. The literature provides a context for the study as it provides a guide as to which areas need to be covered in the questionnaire as well as what factors need to be included in the data analysis and recommendations.

CHAPTER THREE:

RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

This Chapter presents the research design and methodology used in this research. It covers the sampling method, data collection, analysis, ethics, reflexivity and limitations of the study.

3.2 Conceptual Framework

The assumptions with which the researcher approached this research are:
Firstly, that the staff at the clinics working for FAMSA as HIV/AIDS counsellors are, to a significant degree, unmotivated. Secondly, based on social work practice at FAMSA, that the counsellors' various unprofessional behaviours and accusations against FAMSA management are symptomatic of the low levels of motivation amongst this group. Thirdly, several factors, both within and outside of FAMSA's control, combine to reduce motivation levels and maintain them at a low level. These factors include:

Interpersonal Relationships

- Feeling marginalised by clinic staff and not feeling valued in their working environments

Salary

- Feeling underpaid by FAMSA/ the Department of Health

The Work Itself

- Not having the ability to conduct certain aspects of the job (here I refer to running educational/ support groups)
- The overwhelming numbers of HIV/AIDS infected clients and related illnesses and psychosocial issues the counsellors deal with on a daily basis
- A lack of variation in the job

  Affiliation
- Not feeling affiliated to either FAMSA, the clinics or the Department of Health

  Work Conditions
- The low levels of achievement of both 'esteem' and 'self-actualisation' needs

3.3. Research Design

The following study can be classified as applied research. This is the case as it aims to identify the current motivational determinants amongst the HIV/ Aids counsellors and then generate recommendations which will help increase levels of motivation. Rubin and Babbie wrote that applied research, "…sets out to solve practical problems..." (2008:129)

There is a limited qualitative element to the study. In the secondary data analysis the project managers who were asked to complete a questionnaire were given some scope to elaborate on certain points. The majority of the questionnaire for the project managers is quantitative. Thus to a small degree there is a "mixed methodology design model" (De Vos, 1998:361). The questionnaires given to the counsellors are strictly quantitative and consequently form the vast majority of data collected in the study.

3.4. Research Methodology

3.4.1 Sampling:

The size of the sample will be determined by those willing to participate. Since the population group in question constitutes over two hundred lay counsellors, the researcher aimed to achieve a realistic sample size of around one hundred and ten counsellors. A sample of one hundred and eighteen counsellors was collected in total. Naturally, issues such as ill-health and transport problems played a role in reducing the sample size. However, the researcher aimed to incorporate the views of as many counsellors as possible.

The sampling technique is referred to as "Purposive Sampling" and defined by De Vos as a sample which, "is composed of elements which contain the most characteristic, representative or typical attributes of the population" (1998:198).

Not limiting the sample helped in the collection of the widest range of data possible. This includes the widest age range, differences in levels of experience, all types of HIV/Aids counsellors (Adherence, MTCT and VCT) and counsellors from the most areas as possible (different clinics). All participants were free to exclude themselves from the study at any time. No participants were paid. The reason for not limiting the sample is because it is "…theoretically possible to identify, contact and study the entire population" (De Vos, 1998:191). De Vos goes on to say that large samples draw more accurate conclusions" so the researcher has tried to recruit as many respondents as possible (1998: 191).

3.4.2. Data Collection:

The study is strengthened by conducting the same research at the various agencies, as the population and the sample are bigger, and different aspects could be included as pertaining to the different agencies.

A Researcher Designed questionnaire designed to unearth the counsellors' motivational determinants was developed and administered to the research participants. The questionnaire is based on both the Hygiene factors and the Motivator factors of Herzberg's Two Factor Theory. This theory is seen to be well positioned to base the questionnaire on, as it takes into account factors which lead to *both* dissatisfaction as well as factors which lead to feeling positive about the work.

Extensive negotiations had been carried out with the appropriate managers at the NGOs to allow the researcher to use portions of their monthly group sessions with the counsellors in order to conduct the research in this specific time. The researcher travelled to the relevant NGOs on pre-arranged dates to be present at set times in order to conduct the research. Questionnaires were briefly explained by the researcher and completed under examination-type conditions (no conferring with other counsellors) by the counsellors. This helped ensure that the respondents' original thoughts were recorded and were not influenced by their colleagues.

The questionnaire took about thirty-five to forty minutes to complete. It had been written in plain English to help increase the accuracy of the responses. Some questions had been asked in a negative manner in order to not simply allow respondents to acquiesce to the flow of the questions and answer all positively. On this subject Rubin and Babbie wrote that respondents, "…may develop a pattern of agreeing with all the statements…" and went on to write that, "…this problem can be reduced by somewhat interspersing positively and negatively worded statements…" (2008:209).

Data was to be analysed based on the responses the counsellors gave to the administered questionnaires. Various sub-sections of analysis could be derived from the questionnaire including the differing levels of motivation based on:

- Area of work (geographical)
- The nature of HIV/Aids counselling (VCT, MTCT or Adherence)
- The respondent's age
- The respondent's level of experience
- The respondent's length of service in the job
- The respondent's level of education
- The respondent's personal situation (married, parent, divorced etc)
- Information relating to the levels of motivation

Using information from the results of the research, "Effective Motivation of Coloured Labour in the Construction Industry in the Cape Peninsula" (Beukes 1979: 111), the questions also addressed issues of:

- Social needs
- Self- competence
- Supervision
- Feelings about the HIV/AIDS ‘industry’

This arrangement was recommended given the limited time in which the study was conducted. This allowed the data to be collected from the participants in a reasonably short period. It also reduced travelling time to the clinics and the time to negotiate entry into these facilities from the Provincial Department of Health. Further, it would not require the research to interfere with any counselling session arrangements at the clinics and therefore not be detrimental to those who required counselling from the lay counsellors.

As a form of secondary data collection, questionnaires were sent to the managers and coordinators of the HIV/Aids prevention projects at the participating NGOs. These questionnaires aimed to gather information of an organisational nature to further provide background to the study. This enabled the researcher to see the counsellors’ responses in isolation from other NGOs and also to gauge whether or not factors such as benefits (and types and amounts thereof) and frequency of supervision make a difference to motivational determinants.

These questionnaires were emailed to the HIV/Aids project managers concerned and they were asked to complete them and email them back to the researcher. This questionnaire is

the section of the research that has qualitative elements to it as two questions on this questionnaire required the managers to give answers to open questions and the response were, at times, varied.

In summary, data was collected through two sets of questionnaires. One was administered to the counsellors, and the other was administered to the HIV/Aids project managers who oversee their work. The questionnaires administered to the project managers were sent out via email. All the project managers had already been made aware of this during two meetings. The researcher had written a letter to all the project managers informing them of the above research plans as noted above.

3.4.3. Analysis of Data

A mixture of both demographic and motivational (Likert information) information responses were analysed and interpreted. Data was analysed in terms of the demographic information as well as the information provided regarding the questions on motivational determinants.

The data also was interpreted in terms of the broader meaning of the feedback (De Vos, 1998: 203). Inferences drawn from the data collected were related to the theoretical framework of the research.

The Statistics consultant, operating under specific instructions from the researcher, was responsible for creating descriptive statistics and disaggregating demographic aspects of the statistics. Consequently the link between the answers provided of a demographic nature was made with answers given on the Likert scale questions regarding the respondents' thoughts and feelings on various aspects of their jobs as HIV/Aids lay counsellors. For example, following the descriptive statistical work the researcher was able to tell what people under 30 felt about supervision in comparison to those over thirty. This is an example of how the responses to the questions could be linked to demographics.

In relation to the analysis the following can be noted:
Firstly, the statistical consultant collated all the statistics for each of the seven NGOs who have participated in the research. Secondly he was responsible for collating all of the descriptive statistics of these seven NGOs into an eighth set of data which were the totals of all the participating NGOs. The totals enable the researcher to not only look at NGOs trends and figures in isolation but also compare these to the responses of all the counsellors in the form of totals. This will help to provide specific feedback on individual NGOs as well as the group of NGOs in total. The specific feedback may well prove useful to one NGO in changing practices which may not have been useful to another. This is the advantage of such a data analysis.

Secondly, twenty of the total forty-seven Likert scale questions were selected as core questions. These questions spoke directly to the various aspects of Hygiene and

Motivator factors from the Two Factor Theory. Consequently these questions were more closely analysed and will be considered of more importance. On this De Vos writes that, "The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studies tested and conclusions drawn" (1998:203). The remaining twenty- seven questions were still included but were likely to form a more subsidiary role in determining the outcome of the research.

The Likert scale was reduced from the given options of Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree to simply Agree, Neutral and Disagree. This helped in the analysis of the data and also did not allow the interpretation to become overly complicated. This reduction may simply be applied to the analysis and discussion based around the twenty core questions mentioned above.

Thirdly, the secondary data analysis (stemming from data gathered from the HIV/Aids prevention project coordinators) was conducted in order to strengthen the study and further ensure that all factors, both from the counsellors and the organisations, are being taken into account. This follows De Vos' statement that, "The analysis of the data, however, does not in itself provide the answers to research questions. Interpretation of the data is necessary. To interpret is to explain, to find meaning" (1998:203).

3.5 Limitations of the Research

It proved to be a time consuming exercise to get the NGOs to agree to have the researcher conduct the research. The researcher was informed on several occasions that several

researchers had approached the agencies in the past and been accepted in to conduct research, but that the agencies and the counsellors never heard from them again. Consequently, it was imperative to gain the trust of the agencies. This included going to meet with all the project managers present at a NGO Network Meeting and introducing the project and its research goals. Occasionally, it involved communicating with the NGO project managers and directors about the project and, on one occasion, it also required a presentation to the counsellors who were later to be a part of the study. All of these activities were very time consuming and helped to push the research project considerably behind schedule.

The reality of the data collection was that the researcher made plans with managers or coordinators of the counsellors. Often not all of the counsellors were present and on one occasion only two of the counsellors arrived for their supervision session. Despite this, the researcher obtained one hundred and eighteen completed questionnaires from the seven participating NGOs in total.

Several NGOs did not have just one data collection meeting with the researcher. For example, the researcher was required to go to two FAMSA meetings to collect data and was also required to go to three Leadership South meetings. Consequently, the initial time frame was expanded as data collection was slower than expected even when entry was accepted and times and places were negotiated. This was not helped by the fact that often NGOs have supervision meetings (when the researcher wanted to target data collection, as counsellors are often only together at supervision sessions) monthly

meaning the researcher had to wait for up to five weeks before a session could be used for research purposes.

Despite best efforts being made to write all the questions in simple English there is still a fair chance that not all of the counsellors understood the questions, as most counsellors spoke Xhosa or Afrikaans as a first language. Consequently, questions could have been answered with the incorrect understanding behind the answer and so incorrectly influence the statistics and inferences drawn from them. This was difficult to avoid.

Furthermore respondents occasionally left answers out or simply did not answer the questions. When this occurred on an entire page the researcher assumed that the page was accidentally skipped over. When occurring in isolation the respondent may have knowingly chosen to avoid the question as it was too difficult or for any other reason or may have accidentally left it out. Certain questions and the analysis stemming from them could have become less accurate as a result.

In the secondary data analysis (where HIV/Aids project managers were asked to complete questionnaires designed to look at organisational issues which could impact on motivating/ demotivating factors) one of the limitations proved that even some of the project managers did not answer the questions properly, thus rendering their responses largely useless. Consequently of the seven NGOs only four of the project managers answered the entire questionnaire. Thus the inferences which can be drawn from this are

less comprehensive, and the data taken from this secondary analysis will be less accurate as a result of the sample being reduced (from seven to four).

Of the nine NGOs identified as doing this work in the Western Cape, seven took part in the study. The two which did not participate were Wola Nani and Sothemba. Wola Nani is still providing HIV/Aids lay counselling but were experiencing staff issues (with the HIV/Aids lay counselling staff) and consequently did not feel that they could be a part of such a study at the time.

Sothemba did not want to take part in the study. Shortly after they agreed in principle to take part in the study their Executive Committee decided to no longer provide HIV/Aids lay counselling work in conjunction with the Department of Health. Consequently, the counsellors which they did have, were to be told that they were no longer working for Sothemba and there was a risk some may lose their income. Consequently, the researcher chose to not interview these counsellors as they were a few weeks away from significant employment changes and supervision sessions were presumably to be taken up by such discussions. It seemed unethical to even request 45 minutes of their supervision time considering the state of the project and the counsellors uncertain futures.

Limitations of quantitative research:

The Likert scale questions do not allow for any opinion to be expressed outside of the provided options. Consequently, the researcher, by choosing this method, has neglected other thoughts, feelings, behaviours and emotions which were not asked for in the

questionnaire, or which were addressed but only in such a manner, that only a certain aspect of the counsellor's true and full thoughts and feelings on the matter were recorded.

Ideally, to uncover the thoughts and feelings of the counsellors towards their jobs and the motivational factors connected to the counsellors, one would interview each counsellor individually and discuss these issues. However since there are 114 respondents this is not logistically possible in the given time frame. Consequently, the questionnaire was developed, based largely on the factors which Frederick Herzberg outlined in his "Two Factor Theory" and presented to respondents with the Likert scale format.

The questionnaire collects both demographic data and data on the responses to questions based largely on the Two Factor Theory. In the demographic section it appears that two questions were problematic. One appeared to be difficult for many counsellors to answer. This was "How far do you travel to get to work". It may well have been difficult, as the vast majority of counsellors do not drive to work and consequently do not measure the distance to work on an odometer. Many left this question out.

The second problematic question was "At which site do you work (as an HIV/Aids lay counsellor)?" This was an issue as so many respondents listed several clinics and sites. The data on this question alone can be overwhelming and if not properly included in the analysis, threatens to overwhelm the study on its own.

3.6. **Ethical Concerns in Research**

There are a number of ethical considerations which have to be taken into account in this research.

Confidentiality: In this respect, all responses were and will remain anonymous. No persons will have access to completed questionnaires with the exception of the researcher and the academic supervisor. This was explained to the respondents prior to their completing the questionnaires.

Respondents were not asked to put their names to the questionnaires. Therefore, their responses were anonymous and upon completion of the questionnaire not even the researcher knew which questionnaire belonged to which respondent. No sessions were video taped or recorded in any way. The names of those who decide against being a respondent would also not be recorded and this was explained to the counsellors. A crucial confidential matter is that the HIV status of the respondents was not asked. If that information was volunteered to the researcher it would have been kept as confidential information and as a social worker, the researcher would have been led by professional ethics in this regard.

The potential for the study to induce emotional distress was thought to be minimal. Had a respondent become distressed while completing the questionnaire the researcher would have, if necessary, used social work skills to help contain the respondent.

Participation in the research was not compulsory. No participants were compelled to take part and were told they could leave at any stage. All were given the option to participate or not. The researcher explained the nature of the research to the potential participants. Potential participants were given an opportunity to not take part in the study prior to the questionnaires being issued. It can be said that participants gave informed consent when they choose to be a part of the study.

There was minimal interruption of normal work duties. Data collection did not take place at the clinics primarily for the reason that such a collection would involve taking counsellors away from their work which is to provide support and education to those who are HIV positive. Consequently, the collection of data was done at a time and place where minimal disruption was caused to the everyday work of the counsellors as well as the NGOs concerned and Department of Health staff.

It was explained to the respondents prior to their agreeing to complete the form that changes will not automatically result in their working environments as a result of the research. The researcher did not promise any changes but merely stated that the research could be a catalyst for some change. Respondents were not under the impression that the research will lead to any automatic or immediate changes such as salary increases. This transparency ensured respondents did not feel deceived. Should any unforeseen events occurr which somehow changed the study or the respondent's role, efforts were made to immediately communicate this to the respondents.

The researcher had agreed to issue a copy of the completed research to all the participating NGOs. This ensured that all NGOs who participated had the opportunity to evaluate the finished document and make informed decisions regarding their HIV/Aids prevention projects.

The researcher was self aware and reflexive in drawing of conclusions or assumption making as well as the construction of meaning regarding any of the results of the data analysis. Naturally no research is entirely without bias, as researchers inevitably bring in their own perceptions, socio-cultural frame of reference and bias. However, the researcher endeavoured to remain aware of this throughout the research process so as not to allow the research to be tainted by reflexivity.

As has been written above, the researcher works for FAMSA Western Cape in a separate project (not the HIV/Aids prevention project). The researcher will be working on this research merely as a researcher and not as a FAMSA employee. The independence of this research would be upheld and cross-contamination was guarded against.

3.7. Conclusion

This chapter has addressed the research methodology. Methods to implement the study have been discussed, data analysis has been explained, the limitations of the study presented, and ethical aspects addressed. The following chapter will present the analysis and discussion of the results.

CHAPTER FOUR: RESEARCH FINDINGS

4.1 Introduction

In this chapter the researcher reports the findings of the research based on the data analysis methods outlined in Chapter Three. Firstly the responses given by the HIV Counsellors are analysed and discussed. The latter part of the chapter focuses on the secondary source of data, the responses to the questionnaires given to the Project Managers.

4.2 Discussion of Data Analysis- Demographic details of respondents' data obtained from the participating NGOs:

The overall number of respondents was 114 out of the reported 200 counsellors involved in this work. The following section breaks down the data by examining the data gathered from each participating NGO. Demographic questions in the questionnaire elicited responses regarding gender, age, marital status, nationality, whether or not counsellors have dependents as well as the number of dependents, the type of counselling the counsellor does, their level of education and counselling courses completed, where they conducted their counselling, how far they travelled to work, how long it took them to do so, and the cost involved in travelling to and from work. The question of how many hours worked per week was also asked.

The second part of the questionnaire was the Likert Scale questions which, as mentioned, have been collapsed to make the interpretation of data easier (scale reduced from five to three). These twenty questions are analysed in this section.

Lastly the questionnaire had two questions asking counsellors to rate certain aspects of their work experience. De Vos (1998:163) has labelled this an "Ordinal Question" where "characteristics" are ranked in order of importance using a numerical scale.

All of the abovementioned aspects of the questionnaire are commented on in this section (by focussing on one agency at a time).

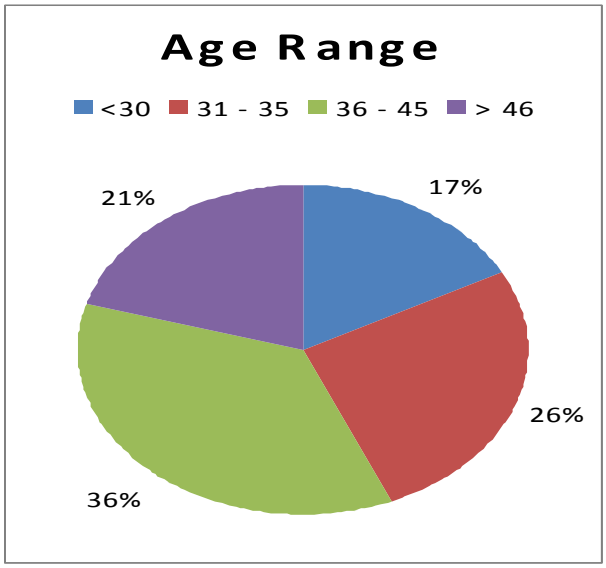
4.2.1 Statistics from all the participating NGOs

Demographic Information:

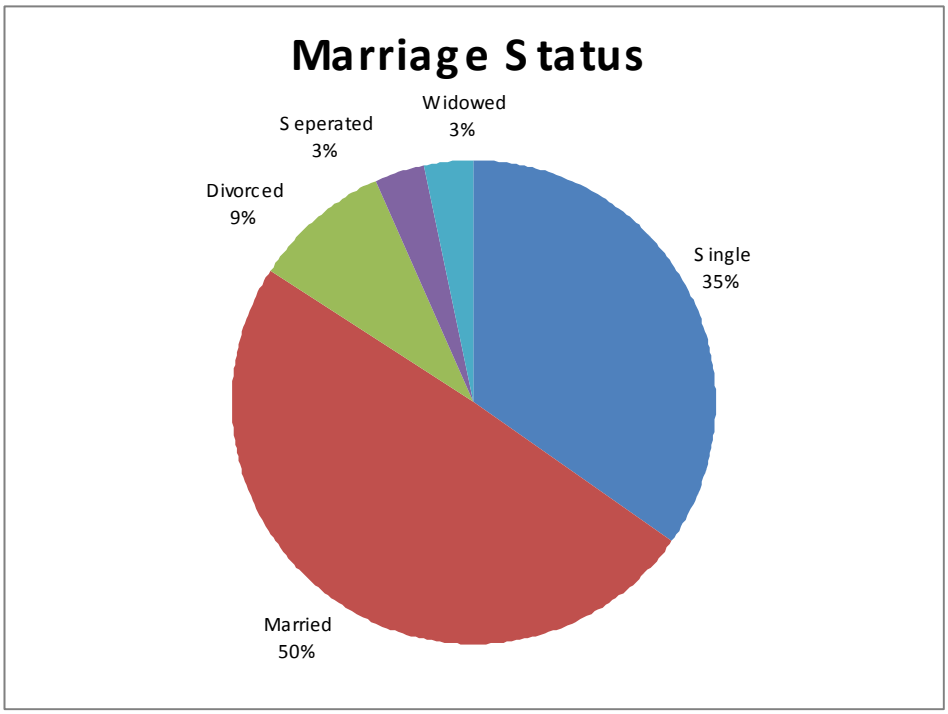
Information for each organisation was collected separately. However in the interest of providing the most pertinent demographic information the individual agency information is provided in tabular format. The overall statistics from all the agencies collectively is discussed in this section to provide the reader with an overall view of the demographic figures.

Of the one hundred and fourteen participants only twelve were male leaving one hundred and two female respondents. The average age of all the participants was 47.6 years old. Fifteen respondents were under the age of thirty while twenty-three were between the

ages of thirty-one and thirty-five. A group of thirty-one, the largest, were between the age of thirty-six to forty-five and eighteen lay counsellors were over the age of forty-six.



Of the one hundred and fourteen participants the vast majority (Eighty-five percent) were either “married” or “single” (Figure 2). Forty- four reported being married while fifty-four reported being single. Nine stated that they were divorced while four participants reported being separated. Just three were widowed.



In terms of nationality the overwhelming majority reported being South African citizens. Of the one hundred and fourteen respondents, only three reported being from a foreign country (one Zimbabwean and two Congolese). One respondent at FAMSA failed to answer the question. However this still leaves a confirmed amount of one hundred and ten counsellors (96.49%) out of the total respondents who reported being South African. The average number of dependants amongst the respondents across the participating agencies was 3.6.

Education levels were explored in two ways. Firstly the respondents' qualifications outside of the counselling field and secondly the number of courses completed while preparing for or working as an HIV/Aids lay counsellor.

Counselling courses attended when in the counselling field or when preparing for it was 3.40 as was the average number of courses attended by a respondent. The NGO with the highest reported average of courses attended per respondent was Living Hope whose counsellors reported attending, on average, 4.23 courses. They were followed by Centre of Hope with an average of 4.08 per respondent. The lowest average was Etafeni who reported an average of two courses per respondent.

When examining education levels outside of the counselling field, twenty-five respondents (twenty-eight percent) reported having less than a matric (high school graduation) education. Forty- eight respondents (fifty- four percent) reported having completed matric while twenty-five (twenty-eight percent) reported having completed tertiary education (college or university).

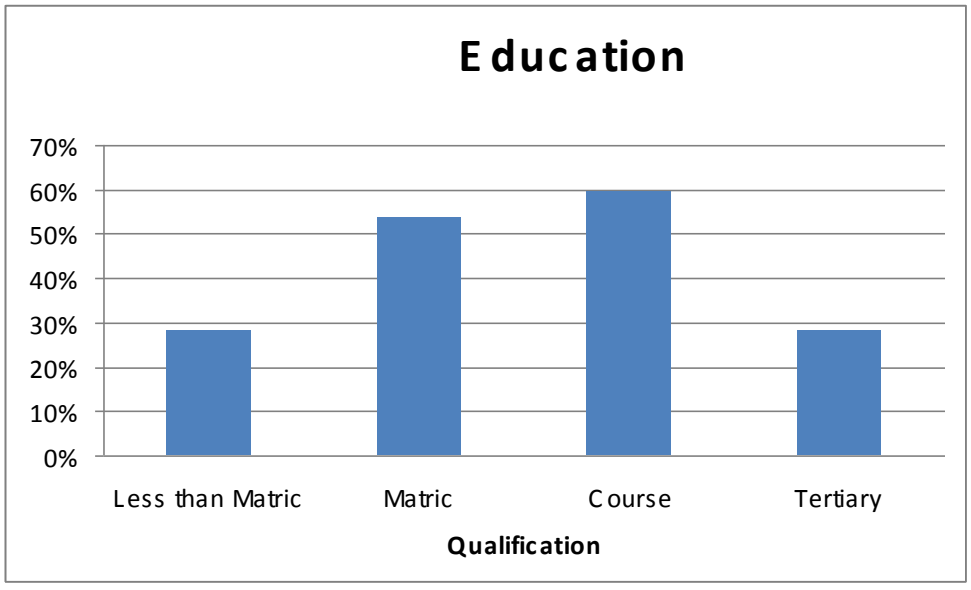


Figure 3

It was surprising to the researcher that so many (twenty- eight percent) of the respondents reported having university or college educations (Figure 3). When the low salaries, (as discussed earlier) are considered, the researcher questions why people who are qualified to do other, better paid work are working as HIV/Aids lay counsellors. It is possible that financial remuneration may not be the only motivator. In relation to this aspect Gibson et al (2000) wrote that, "Unless employees see a connection between performance and merit increases, money is not a powerful motivator" (2000:194). On such low levels of income the researcher questions whether or not the twenty- eight percent concerned are looking for other employment or possibly using this job as a stepping stone to other employment opportunities. Naturally the possibility exists that the question was answered by respondents accidentally or by those who have attended tertiary training but who have not completed it. It may have been a limitation of the questionnaire that the question did not ask whether or not the respondent completed tertiary education.

When looking at the types of counselling which each respondent engaged in the following was reported: the largest group of counsellors were those involved in Voluntary Counselling and Testing (VCT) of which there were fifty-six (sixty-three percent). The second largest group were the Adherence counsellors of which there were thirty- nine (forty- four percent). The smallest group were the Mother to Child Transmission (MTCT) counsellors of which there were nineteen (twenty- one percent).

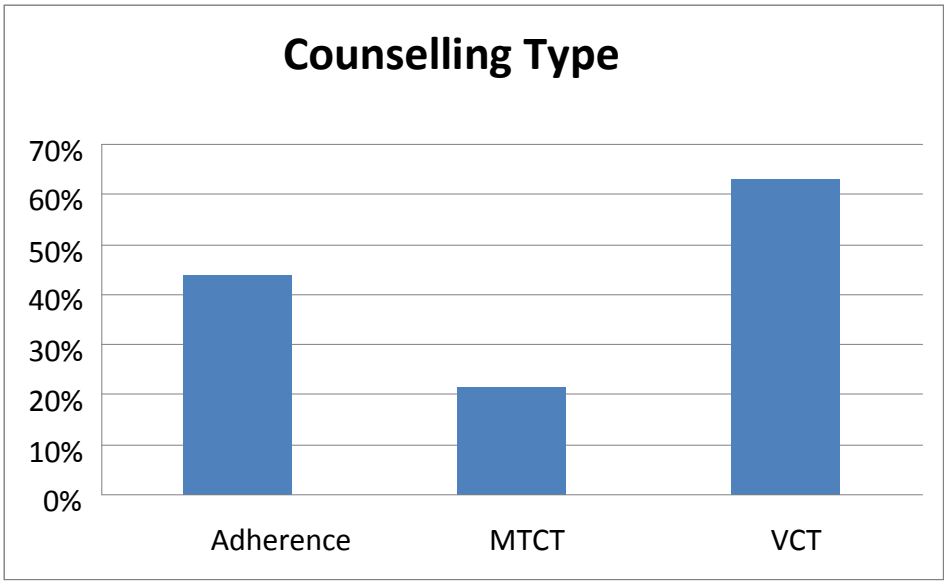


Figure 4

It is not surprising that the largest group are the VCT counsellors as this is the 'entry-level' counselling job (Figure 3). Further courses are required after becoming a VCT counsellor in order to become an Adherence or MTCT counsellor. Furthermore the Adherence group are paid more as it requires more training than the other two forms of counsellors. The researcher thinks that consequently the majority of any sampled group of HIV/Aids lay counsellors will always be VCT counsellors.

The responses in relation to daily travel expenses varied greatly. The highest reported amount was One Hundred and Forty-Four Rand from one respondent. However this may have been an accidental report and the researcher suspects that this was a weekly expense. However all given amounts were collated statistically. The least reported amount was no cost which several respondents reported. This is likely to be people who

live within walking distance of their work. The average amount spent on daily travel to and from work was Seventeen Rand and Ninety- nine cents.

The length of time it takes for the counsellors to get to and from work varied from several hours to just a few minutes. The average travelling time of all the respondents was slightly over an hour (66.2 minutes). The average amount of weekly hours worked per respondent was forty-four hours. The answer was surprising as each counsellor was only contractually obliged to work forty hours each week. Working over- time may be an indication of enjoying one's work or, at the other extreme, not enjoying the work but having so much of it to do that one is compelled to work over-time. Since the questionnaire did not ask, there is no explanation as to why so many respondents work overtime.

4.2.2 Discussion of Data Analysis -Likert Scale Question analysis from the respondents of participating NGOs

The Likert Scale questions were themed by the "Intrinsic" and "Extrinsic" motivational factors as set out by Herzberg in the Two factor theory (in Gibson et al,1988:119). These include:

<u>Extrinsic/ Hygiene:</u>

Salary, Job security, Working conditions, Status, Company procedures, Quality of supervision, Quality of interpersonal relations among peers and supervisors

Intrinsic/ Motivators: Achievement, Advancement, Recognition, Responsibility, The Work itself, Possibility of growth

When the researcher scaled the original forty-seven question Likert Scale down to twenty questions, (as noted in Chapter Three) special care was taken to include as many of the sections from both Intrinsic and Extrinsic factors.

"Achievement" and the "Possibility for Growth" were excluded as the researcher thinks that the question on "Advancement" would be sufficient in this area. Consequently only two Intrinsic factors were left out.

Only one Extrinsic factor was omitted. This was "Company Procedures". However the full responses to all the questions are still included in the research. These omissions are simply from the twenty questions out of the original forty- seven upon which analytic emphasis is placed. Those which have been omitted from the analytic emphasis are still recorded in graph form but analysis and discussion are focussed on the twenty questions which are considered to be the core questions.

Analysis was initially done by looking at the overall summary from the seven participating NGOs. Mention is made of responses from specific agencies . This enabled the reader to examine issues arising in an individual agency by viewing the graphs as well as any overall trends which had emerged through the text.

Question 2.1: *I do not like supervision meetings*

Forty four (40.74%) respondents, of the one hundred and eight who answered the question, agreed with this statement which was intentionally written in the negative. This indicated that forty- four counsellors did not enjoy attending supervision sessions. Eleven (10.18%) respondents were neutral on the matter whilst fifty- three (49.07%) disagreed with the statement. This is significant as more people reported not liking supervision or being neutral on the matter than those who reported liking supervision.

The issue of "Quality of supervision" is a hygiene/ extrinsic factor and consequently must be present in order for basic levels of satisfaction to be present in any worker. Hellreigel and Slocum, on this point, wrote, "The extrinsic factors of a job that, when positive in nature, maintain a reasonable level of job motivation but do not necessarily increase it" (1993:438). This researcher is surprised that a high number of respondents have reported not liking supervision. Consequently it is a worrying trend that supervision meetings which take place fortnightly or monthly are not viewed as favourable by such a large percentage of respondents and, according to the Two Factor Theory, this could impact negatively on motivational levels.

Question 2.3: *I am passionate about working as an HIV/Aids lay counsellor*

Of the one hundred and ten respondents answering the question, ninety- eight (89.09%) agreed with the statement. Five (4.54%) were neutral and six (5.45%) disagreed. This relates to "The Work Itself" which is an intrinsic factor or motivator. These numbers are not surprising to the researcher, as many of the counsellors have been involved in this

field of work for a long time, whether in their current positions or in other positions prior to this one. Consequently it can be viewed that the vast majority of counsellors who answered this question, find the work meets a vocational need and feel passionate about it as a result.

Question 2.4: *I am not interrupted at work while I am counselling*

Being interrupted at work relates to "Working Conditions" which is a hygiene or extrinsic factor. One hundred and eleven respondents answered this question. What the researcher finds of interest here is the polarised viewpoints of the counsellors. While forty- seven (42.34%) agree that they are not interrupted a slightly larger group of fifty-six (50.45%) reported that they are interrupted. Eight (7.20%) remained neutral on the matter. Such activities, according to Herzberg's theory, are likely to decrease levels of satisfaction upon which motivation is built. This response reveals a worrying trend as the biggest group felt that their counselling work is interrupted. Interruptions are something which needs to be examined agency by agency to establish whether these experiences are specific to certain agencies.

Question 2.8: *I fear I will lose my job*

This question, answered by one hundred and eleven respondents, speaks to Herzberg's "Job Security", an extrinsic or hygiene factor. Twenty-five (22.52%) respondents agreed with the statement whilst a comparatively high amount of twenty- three (20.72%) respondents were neutral. The largest grouping of sixty-three (56.75%) disagreed with the statement. The researcher's interpretation of Herzberg's theory is that should

someone work under the impression that they could lose their job at short notice that they are likely to be more "dissatisfied" than somebody who is secure (Gibson et al, 1988:119). This state of dissatisfaction, according to Herzberg, makes it unlikely for people to be motivated in their work.

The results indicate that the majority of respondents felt that they are secure in their job. According to Herzberg's Two Factor Theory this lends itself to workers experiencing a required level of satisfaction in order for them to be motivated by intrinsic factors or motivators. This is encouraging as well over half of the counsellors felt secure in their work.

Question 2.13: *Supervision is helpful to me as a counsellor*

This question once more pertains to the issue of "Quality of supervision" as set out in Herzberg's extrinsic or hygiene factors. Of the one hundred and ten respondents who answered the question, an overwhelming majority of ninety- nine (90%) agreed with this statement. This is more encouraging than the responses given to question '2.1' and indicates that supervision is useful to the counsellors. This is an overwhelmingly encouraging indicator of an extrinsic factor being met. Furthermore the response to question '2.13' shows that although many counsellors reported that they do not like supervision in question '2.1' they still acknowledge that it is helpful.

Question 2.14: *I am not working to my full potential*

A total of one hundred and eight respondents answered this question. Sixteen (14.81%) agreed with the above statement and fifteen (13.88%) were neutral on the matter. An overwhelming majority of seventy-six (70.37%) disagreed with the statement and hence presumably felt that they were working to their full potential. The question relates to an intrinsic factor of Herzberg's Two Factor Theory, the work itself. Gibson et al (1988:119) wrote of intrinsic conditions saying, "…when present in the job, build strong levels of motivation and can result in good job performance". Consequently this is a positive for the participating agencies as most people feeling as though they are working and fulfilling their potential in this job is interpreted by the researcher as a motivating factor.

However nearly a third of the respondents report not working to their full potential. This could be linked to the theory of Kaye and Jordan- Evans (1999: 33-34). By this the researcher refers to the fact that an element of "disengaging" may be taking place amongst those who do not feel they are working to their full potential.

Question 2.16: *My job as an HIV/Aids lay counsellor will lead me to a higher paying job one day*

One hundred and ten respondents completed this question. The vast majority agreed with the above statement. Eighty- three (75.45%) felt that the job would lead them to higher paying work. Eighteen (16.36%) were neutral on the matter and only nine (8.18%) disagreed. The question is linked to the intrinsic factor of advancement. While feeling

that advancement is likely (whether in their current agency or another) the workers, according to Herzberg's Two Factor Theory, are more likely to feel motivated.

However it is concerning to the researcher that there is seemingly little scope for advancement and consequently, the counsellors may be living in a sense of "false hope" for promotions which may not come within the agencies where they work. Naturally, this is likely to decrease motivation as the notion that one can advance by having a counselling job would, over time, be eroded.

Question 2.17: *I am a good counsellor*

One hundred and ten counsellors responded to this question. One hundred and six (96.36%) of them agreed with the statement and only three (2.73%) disagreed. One (0.90%) counsellor remained neutral on the matter. This is an overwhelming majority who feel that they are "good counsellors" and according to the theory, under the "work itself" this is a positive indicator for motivation as those who feel competent in their work will be more motivated at work. The researcher feels that this is a very encouraging majority and in itself the response to this statement pays testimony to those who trained the counsellors.

Question 2.18: *I am discriminated against by my NGO because of my race*

The question was asked in keeping with the intrinsic motivator of "recognition" in Herzberg's theory. The question specifically states "NGO" and not clinic staff or others who they may come into contact with. Once more there was an overwhelming majority of

ninety-one (85.84%) of the one hundred and six who disagreed with the statement. Only eight (7.54%) felt that their agencies were discriminating against them based on racial grounds and seven (6.6%) felt that they were neutral regarding this question. Once more it is encouraging that the vast majority of counsellors did not feel discriminated against but rather that they disagreed with the statement. The intrinsic concept of recognition is one which lends itself to increasing motivation. When writing about intrinsic factors Hellreigel and Slocum wrote, "…these factors determine whether a job is exciting and rewarding" (1993:438). The fact that so many counsellors feel that they will not be discriminated against because of their race and therefore can be recognised, is a positive and is an indicator of a situation where motivation can be present.

Question 2.21: *I enjoy meeting with my mentor*

The above question was responded to by one hundred and six counsellors. Once more there was a clear majority of ninety-four (88.67%). They agreed with the statement while ten (9.09%) were neutral and just two (1.88%) disagreed with the statement. This was placed in the questionnaire as it was felt it speaks to the issues of 'quality of supervision', an extrinsic factor in the Two Factor Theory. Beukes found that, "The most frequent single factors causing dissatisfaction were found to be interpersonal relationships with supervisors and peers…."(1977:46). When staff members favour supervision it can lead to increased motivation. Consequently it is positive to see the counsellors' report so favourably about their thoughts/ feelings around meeting with their mentor(s).

Question 2.22 *Things and people at work distract me from doing my job as an HIV/AIDs lay counsellor*

One hundred and four respondents answered this question. Of these 20 (19.23%) agreed that they are interrupted at work and this prevents them from doing their jobs as lay counsellors. While 14 (13.46%) were neutral on the matter an overwhelming majority of 73 (70.19%) felt that they were not interrupted or distracted by people or things at work.

This question was asked as a feature of Herzberg's Extrinsic factors where such a "hygiene" factor being met will not, according to the Two Factor Theory, lead to motivation, but rather provide a platform for successfully met Intrinsic Factors to do so. Consequently the fact that over seventy percent of counsellors across the agencies did not report feeling distracted at work is a positive sign for participating agencies. However, roughly one-in-five did (19.23%) and this number is sufficiently high for agencies with distractions to address the issue.

Question 2.23 *I do not get as many sick days as I need*

Continuing with another question related to Extrinsic Factors, this question was responded to by 109 respondents. Of these sixty (55.04%) agreed with the statement. This is nearly twice the number who disagreed with the statement (which was phrased in the negative to help prevent acquiescence amongst respondents) which was thirty- two (29.35%). Seventeen (15.59%) remained neutral.

The writer considers it significant that such a high percentage felt that they "need" (as it was phrased in the question) more sick days. Had the question asked whether or not they would have "liked" or "enjoyed" more sick days the responses would be less poignant. However since the question is asked under the component of "work conditions" it is concerning that well over half (55.04%) feel that they require more annual sick leave and that the current allocation of such is insufficient.

As a hygiene factor this, according to the Two Factor Theory, points towards a level of potential dissatisfaction amongst the respondents.

Question 2.26 *I like the clinic staff (doctors, nurses and nursing assistants) who I work with*

Once more one hundred and nine counsellors responded to the question. From this, once more, a statistically significant difference emerges from the responses. Eighty- six (77.47%) respondents agree with the statement. The second biggest figure is those who are neutral who number nineteen (17.43%) and only four (3.66%) disagreed with the statement.

In terms of motivation this bodes well for participating agencies. As an Extrinsic factor "Quality of interpersonal relations among peers, with supervisors and with subordinates" (Gibson et al, 1988:119) is another factor helping to establish the base from which Intrinsic Motivation can flourish. The response to this statement is encouraging.

Question 2.27 *If I was offered another job that paid more money I would leave (my current job)*

Naturally the above statement refers to the Extrinsic factor of salary. One hundred and nine respondents provided their opinion. Of these only fourteen (12.84%) were neutral and only twenty- one (19.26%) disagreed with the statement. A large majority of seventy-four (67.88%) agreed that they would leave if a job (unspecified which job) of any description which offered more money was offered to them. While, given the low salaries of these counsellors, this may not be surprising, it remains significant and may well provide a reason for the turnover rate.

Question 2.29 *People see me as important in the community because of my job as a counsellor*

This statement relates to "status", an extrinsic condition according to Herzberg. One hundred and ten respondents replied to the above statement. Of these Ninety-two agreed with the above statement. This is a significant statement as 83.63 percent of the respondents felt that the job of an HIV/Aids lay counsellor gave them some sort of important status in the community. Only ten percent, or eleven counsellors, were neutral while just seven (6.36%) disagreed with the statement. Consequently, it can be said that the vast majority of counsellors feel that the job does provide them with status and as such it can be argued that the "hygiene" factor referred to in Herzberg's theory are present and thus this will help in achieving a level of "non-dissatisfaction) required to allow for motivation to take place (Gibson et al, 1988:119).

Question 2.32 *I have not received the proper training in order to do the work of a counsellor properly*

The writer has asked this question under the sub- heading of 'the work itself'. Fortunately for the participating NGOs only fourteen (12.72%) of the one hundred and ten respondents agreed with this statement. While six (5.45%) remained neutral, a large majority of 90 respondents (81.81%) disagreed with the above statement and hence felt that they did receive the proper training required to carry out there jobs as HIV/Aids counsellors.

Consequently it can be said that this intrinsic motivator is being well met and should help the workforce to feel motivated and, according to the "Two Factor Theory", result in positive job performance.

Question 2.33 *Counselling does not make a positive difference to people lives*

One hundred and ten responses were counted for this statement. Of these only six (5.45%) agreed with the statement. Five (4.54%) respondents were neutral on the matter. While it is of some concern for the writer that over five percent of the respondents felt that counselling is not an activity which can help people yet they continue to perform it as a job, it is far more encouraging that ninety- nine (90%) felt that they agreed with the statement. The writer included this question under the sub- heading of "responsibility" which is an intrinsic factor in the Two Factor Theory.

Such an overwhelming response, according to the theory, would point towards a factor which could help motivate the HIV/Aids counsellors as it is clear that so many of them feel their work is having a positive influence for the clients who come and see them in their counselling role.

Question 2.33.1 *Counselling helps clients with their problems*

One hundred and eleven respondents provided feedback to the above statement. Also considered by the writer to relate to the sub- heading of responsibility, the statement consequently also relates to the intrinsic factors of the "Two factor theory". No respondents reported being neutral on the matter while only seven (6.30%) disagreed with the statement. One-hundred and four (93.69%) agreed that counselling helps clients with their problems.

This is an overwhelming statistical majority and consequently is significant to this study. Since the vast majority feel that they have an opportunity, through their counselling, to help people with their problems it can be said that a level of responsibility is felt by these respondents. As such, this response points towards a motivating factor in the work force as counsellors appear to feel that they have the ability to make a positive difference to their clients.

Question 2.42 *I like my job as an HIV/Aids lay counsellor*

This question is related to the sub- heading "the work itself". This is an intrinsic factor of the Two factor theory. Of the one hundred and ten respondents only one (0.90%)

disagreed with the statement while only four (3.63%) remained neutral. Statistically significant is the fact that one hundred and four (94.54%) agreed with the statement.

Consequently counsellors report "liking" the "work itself". As an intrinsic factor this is very positive and according to the Two Factor theory is likely to lead to motivated employees.

Question 2.43 *The NGO I work for will always give me the training I need to be a good HIV/Aids lay counsellor*

This question relates to the sub-heading of "advancement" as an intrinsic factor of the Two factor theory. One hundred and ten counsellors responded to this question. Only six (5.45%) disagreed with the above statement while an overwhelming majority of ninety-one (82.72%) agreed with the statement. Just thirteen (11.81%) counsellors were neutral.

The fact that over eighty percent of counsellors felt that they would receive the necessary training to be good counsellors is positive and according to the Two factor theory, likely to lead to motivated staff.

iii) **Discussion of Data Analysis-** Discussions based the responses from section three of the questionnaires given to HIV/Aids counsellors:

Section three of the questionnaire posed two questions to the counsellors. Both were in tabular format and asked the respondents to rank (with one being of most importance and

the highest number of least importance) the terms given in the table. Several respondents did not manage to correctly complete the exercise and consequently their responses to these questions had to be excluded.

Firstly the researcher will address the responses to question 3.2 based on respondents' answers from each of the seven agencies. Since so much information is generated the researcher will focus on the statistically significant answers. Of the nine options the researcher will focus on the three which were ranked highest. Later, in the discussion around question 3.2, the researcher will discuss comparative results across the agencies to enable a more global view of these issues across the seven participating agencies.

Secondly the researcher will compare (on P80) what the counsellors felt were the most important factors with what the Project Managers felt, since question 3.2 in the counsellor's questionnaire is the same table and instruction that was given to the Project Managers as question 9 in their questionnaire. The factors were:

- Higher salary
- Better working conditions in the counselling venue
- To get along well with their co-workers
- To be safer at work
- To be appreciated more by their NGO
- To make a positive difference in the lives of those they counsel
- To improve their counselling skills
- To have a better relationship with their supervisor

- To be promoted in the NGO or get a better job elsewhere

The responses from the seven participating agencies were as follows:

Life Line:

Of the twenty-three respondents Life Line had only twenty-one of the responses to question 3.2 could be used. The most important factor, as ranked by the twenty-one viable responses was a "Higher Salary". This received a number one ranking by seventeen (80.95%) of the twenty-one respondents. This was the highest percentage by a significant margin. The second highest ranked factor was "Better Working Conditions" with six (28.56%) of the respondents ranking it second. The third highest for Life Line counsellors was "Improving Counselling Skills" also with six (28.56%) responses.

Living Hope:

Of the thirteen respondents from this agency, only ten responses to this question could be used. The most popular factor to rank the highest was "To be promoted in my NGO or get a better job elsewhere" with three (30%) responses. The second most popular factor was split between "Higher Salary" and "To make a positive difference in the lives of those I counsel". Both factors received three responses (30%). With so few respondents it must be said that the results in this question were not overwhelming in the favour of any one factor.

Centre of Hope:

Of the twelve respondents only nine responses to this question could be used. Centre of Hope counsellors were the only other agency (together with Living Hope) not to rank "Higher Salary" as the number one issues or factor of importance. Perhaps it is worth noting that these are the only two agencies which are affiliated to a church (and in fact have their offices inside of churches) but this point is merely an observation by the researcher and is not put forward as a reason for the respective responses. The most important issue at the Centre of Hope was "To make a positive difference in the lives of those I counsel". This factor received five (55.55%) of the responses as the top factor. The second most important factor was "To be promoted within the agency or to find a better job elsewhere" with four (44.44%) of the responses. The third most important issue to Centre of Hope counsellors was "Better working conditions" which received three (33.33%) responses.

Philippi Trust:

Philippi Trust's highest ranked response to question 3.2 was "Higher Salary" with thirteen (65%) of the twenty respondents rating it as the number one factor. All twenty responses were viable. The second highest response was for "To improve my counselling skills" with eight (40%) of respondents rating it second while both "To be safer at work" and "Better working conditions in the counselling venue" received six (30%) responses to be jointly third.

Leadership South:

Of the twenty-five responses, twenty one were viable. Of the twenty one respondents, fifteen (71.42%) felt that a "Higher Salary" was the most important factor. Nine (42.85%) felt that "Better working conditions in the counselling venue" was the second most important factor and five (23.8%) felt that the third most important factor was "To get along well with my co-workers".

FAMSA:

Sixteen of the nineteen responses were viable. The highest rated factor was "Higher Salary" which drew nine (56.25%) responses. FAMSA counsellors rated the second most important factor as "Better working conditions in the counselling venue" and "To make a positive difference to the lives of those I counsel" jointly. Both of these factors received four (25%) of the responses.

Etafeni:

Once more it is worth remembering that only two counsellors arrived at the scheduled appointment with the researcher and so Etafeni's responses must be viewed as more of a limited snap shot rather than the views of the majority of their counsellors. However both (100%) rated "Higher salary" as the most important factor with "Better working conditions in the counselling venue" and "To make a positive difference in the lives of those I counsel" each receiving a response as the joint second most important factor.

Another aspect of the data analysis which applied to both the HIV/Aids counsellors and the Project Managers was the question of benefits. Of the seven agencies, five selected

the option of "Pension" as their preferred benefit. The percentage of counsellors who chose "Pension" as the most popular option was as follows:

Centre of Hope: 66.66%

FAMSA: 50%

Philippi Trust: 38.88%

Living Hope: 58.33%

Etafeni: 50%

Life Line: 50%

Only Leadership South's counsellors (36.36%) chose Death/ Funeral Cover as the preferred benefit. The least popular benefit option wash "Cash" which was chosen least popular by all seven sets of counsellors, although at varying percentages. Only four agencies reported giving benefits to their counsellors. These included FAMSA, Etafeni, Life Line and Centre of Hope. The nature of the benefits ranged from "a gift at the end of the year" to life/death insurance and disability insurance as well. Indemnity insurance was also provided by two agencies. No agency reported providing a pension.

Despite so many counsellors placing this as their number one type of benefit, the Project Managers provided something different. The researcher makes recommendations related to this in the following chapter.

iv) **Discussion of Data Analysis-** Discussions based on the Secondary Data Collection – Responses from the Questionnaires given to the Project Managers:

As mentioned above (pp43-44) the secondary data analysis is to enable the researcher to view the responses from the HIV/Aids counsellors in a greater context. As such the following discussion and data provide further information in the arena of work in which the counsellors are engaged and allows their responses to not be seen in isolation but rather in a more comprehensive manner. Through cross-referencing the salient feature of these two sets of data, a more potent set of formulations can be made by the researcher.

The first observation made by the researcher on the Project Managers' Questionnaire is that of 'question nine' which asked the managers to rank the aspects, and potential aspects, of the HIV/Aids counsellors work that could help improve motivation. These factors were the same as given to the counsellors in question 3.2 of their questionnaire and are discussed together with the counsellors' response in this section.

As mentioned earlier not every NGO completed the questionnaire fully and consequently only four Project Managers' responses (FAMSA, Centre of Hope, Living Hope and Phillipi Trust) could be used.

Of the aspects listed above, the following four showed some statistical significance. The first of these was a "Higher Salary". The researcher felt that this was statistically significant due to the fact that of the four viable responses three (75%) answered that this was, in their opinion as Project Managers, the most significant aspect which would increase motivation amongst their counsellors. This is consistent with the responses

provided by the counsellors across the agencies with five out of the seven agencies counsellors ranking this as the most important factor.

In question Ten (10.1.4) of the Project Managers' Questionnaire three out of the five viable answers 'strongly disagreed' with the statement that "I feel that HIV/Aids counsellors earn enough". The other two Project Managers also 'disagreed'.
This is a very interesting comment to the researcher as the writings of Deci, Maslow and Beukes would seemingly support such opinions offered by the Project Managers and counsellors. By this the researcher refers to Maslow's 'physiological' and 'safety' needs which could be largely met by having sufficient money (e.g. to buy food or to pay rent to have shelter). Beukes wrote that, "…salary caused dissatisfaction in groups from a poor economic background" (1977:46). By this it appears to the researcher that the Project Managers are agreeing with Beukes by so overwhelmingly stating this is the issue which is most likely to increase motivation amongst the HIV/Aids lay counsellors.

Once more it is worth remembering that the HIV/Aids counsellors do not earn large salaries (the range is between R2226 and R2783 per month) and could be said to struggle financially. Deci (1975) wrote that workers try to restore the equilibrium if they feel that they are not getting from the work environment (often financially) what they should. Consequently there are three strong theoretical viewpoints which substantiate the fact that the low salaries are the cause of low levels of motivation and conversely that by increasing salaries that the counsellors would feel more motivated in their work.

However the Two Factor Theory written by Herzberg does not indicate that money motivates people but rather that it forms a part of the extrinsic factors which must be present in order for workers to feel motivated by intrinsic factors. It is felt by the researcher that, although it is clear that the counsellors receive a salary, the salary is in itself too low to complete the extrinsic factor of 'salary'. Dessler wrote, "Hygiene's…must be adequate so that employees don't become dissatisfied" (p122). Consequently it is felt that "dissatisfaction" has occurred regarding this matter of salary and that both the majority of counsellors and Project Managers respond to this.

The second statistically significant response from question nine was "To be safer at work". While a "Higher Salary" was clearly the most important to the Project Managers in improving motivation and the majority of counsellors as an issue, it is fair to say that "Safety at work" was the least out of the given options four the Project Managers. All four of the responses rated this as ninth out of the nine options. This unanimous show of opinions from the Project Managers leads the researcher to think that this is not an issue which must be considered in the motivation of the HIV/Aids counsellors and that the extrinsic or hygiene factor of 'work conditions' of the Two Factor Theory is being met in regard to physical safety when at work.

To be "Safer at work" was not raised as a statistically significant issue by the counsellors. Rather they raised one which was ranked seventh, third, fourth and fifth respectively by the Project Managers. This factor was "Better working conditions in the counselling venue". While no agencies' counsellors ranked it as the number one factor, five of the

seven ranked it as the second most important factor with the other two agencies ranking it as the third most important.

Thirdly the option of "To be more appreciated by their NGO" was chosen as an important option by the Project Managers. One Project Manager gave this the ranking of '1' and another gave it a '2' ranking. The remaining two gave a ranking of '4' and '6'. The option was placed on the list to represent the Two Factor Theory's intrinsic factor of 'recognition'. It would appear, from their responses to question nine, that the Project Managers feel that this is something which is lacking for the counsellors and wish for the counsellors to receive more recognition and appreciation. According to the Two Factor Theory the intrinsic factor of recognition builds motivation.
However the counsellors did not rank this highly and the factor of "To be more appreciated by my NGO" did not rank highly at all with the counselling respondents.

The fourth and final statistically significant response to question nine from the Project Managers was "To be promoted in the NGO or to get a better job elsewhere". Two (50%) of the four viable responses said that this was the second most important issue while one response ranked it fourth and another eighth. This option relates to the intrinsic factor of advancement in the Two Factor Theory.

However the factor with the least responses when asked to rank them in order of importance was "To be promoted in my NGO or get a better job elsewhere". This was ranked lowest by five out of seven agencies' counsellors and joint lowest by the other

two. Consequently the lowest ranked factor in the Project Managers' opinions ("To be safer at work") was not the counsellors and the third highest ranked issue which, in the Project Managers' opinions would lead to improved motivation amongst counsellors, was in fact ranked last by five out of seven agencies' counsellors.

The Project Managers felt that "To make a positive difference in the lives of those I counsel" was the sixth, sixth, third and third most important factor respectively. However for the counsellors this was responded to as the second most important factor by four agencies and as the most important factor by one agency. It would appear that this Intrinsic conditions of responsibility and the work itself are of greater importance to the counsellors than what is reflected in their responses of the Project Managers in their questionnaire.

4.3 Conclusion:

A large amount of data has been presented in this chapter. Consequently the following chapter provides a presentation of the salient features of this chapter. Conclusions and recommendations are presented in Chapter five.

CHAPTER FIVE: Conclusions and Recommendations

5.1 Conclusions

The central rationale for this research was to explore the experiences of the counsellors in several NGOs. It aims to determine motivational determinants of HIV/Aids lay counsellors in the participating Western Cape NGOs. A number of assumptions were made relating to the study, as noted in Chapter One. In this section the three research objectives will be addressed and the relevant conclusions noted.

Research Objective One: *To provide a relevant theoretical framework of motivational studies upon which the study will be based*

It is felt by the researcher that the literature review conducted in chapter two has adequately achieved this research objective. A variety of theoretical aspects were explored including the Two Factor Theory which was the central theme in establishing motivational determinants for the HIV/Aids lay counsellors. The primary reason for this was due to the fact that the Two Factor Theory provided a platform for both *extrinsic* and *intrinsic* factors to be examined. This was necessary as by looking at both intrinsic and extrinsic factors a more comprehensive account of motivational determinants is provided.

The literature provided a context for the study as it provided a map as to which areas needed to be covered in the two questionnaires as well as what factors needed to be addressed in the data analysis and recommendations.

Research Objective Two: *To determine the differing aspects of motivation amongst HIV/Aids lay counsellors between the NGOs in question*

As mentioned earlier in the text the researcher was unable to present all of the differences between the agencies and staff member's demographic details (e.g. age, race etc). The questionnaire produced a multitude of responses and to examine each one would inundate the study with data. It would have been of comparatively peripheral interest for the objectives of this study to further examine whether or not age or race, for examples, played a role in differing responses and consequently just a few statistically significant aspects, such as age and gender, were reported. Such demographic detail would be of interest in terms of recruitment and retention, in the opinion of the researcher.

As mentioned above, five of the seven agencies' counsellors rated a "Higher Salary" as the most important factor in question nine of their questionnaire. The two which did not, Centre of Hope and Living Hope were faith based organisations. It may be worth the project managers of all the agencies examining this and critically enquiring why different levels of importance were placed on other factors. Such a discussion may provide a different angle in thought and practice regarding motivating counsellors. That is not to say that rating a "Higher Salary" as important is a negative response.

Research Objective Three: *To determine what factors lead to demotivation or motivation amongst HIV/Aids lay counsellors*

Both extrinsic and intrinsic factors of importance were found, as follows:

Extrinsic Factors:

The results show that only five out of the ten Extrinsic factor questions that were asked provided feedback which could point to the counsellor's Hygiene factors not being met. More significantly, these five questions only spanned three factors, Salary, Working Conditions and Job Security.

- Salary: Both HIV/Aids lay counsellors and Project Managers felt that the counsellors earning higher salaries would help motivation. Counsellors reported this as very important to them while Project Managers felt it would help motivation. As discussed earlier Hygiene factors need to be met in order for motivation to take place. This is also evident in the findings when most counsellors indicated that they would leave their job if a higher paying one was offered to them.
- Working Conditions: These responses related to three issues: Over half of counsellors felt that they were interrupted when counselling. Secondly many counsellors stated that they feel that other staff members distracted them from doing their work as a HIV/Aids lay counsellor. Lastly the majority reported that they do not get enough sick leave.

- Job Security: This was rated as an important hygiene factor, with many (albeit a minority group) HIV/Aids counsellors feeling insecure about their job security, and many had fears about losing their positions

Thus it can be concluded that a sufficient number of Hygiene factors are not being met causing a level of demotivation amongst HIV/Aids lay counsellors. Although half of the Hygiene factors appear to have received a reasonable or very positive response from the counsellors, the five questions across the three factors of Salary, Working Conditions and Job Security are, ample in causing a level of "dissatisfaction" which, can lead to demotivation.

Intrinsic Factors:

The following Intrinsic factors do not appear to the researcher to be leading to motivation. These were The Work Itself and Advancement.

- The Work Itself: While the majority agreed with the fact that they were working to their full potential a significant number of the workforce do not feel that they are. As the above theory has suggested this may well be due to demotivation.

- Advancement: As most respondents would leave their job if they were offered a higher paying job, once more it appears that salary is a major factor. As seen

earlier, a fair amount of the respondents are motivated by the prospect of upward mobility in the work place or in their careers and consequently the lack of scope for advancement is seen as a de-motivating factor.

5.2 Recommendations

5.2.1 Recommendations emanating from the research itself:

In light of the research and the conclusions the following recommendations can be made and are based on the twenty questions which formed the core analysis of the study. The first ten recommendations pertain to the extrinsic conditions of the Two factor theory.

i)

It is recommended that the project managers find out how the workforce could fulfil their potential more within the job. Seeing that so many workers feel that they need to leave the job in order to fulfil their potential, more scope for broadening job roles needs to occur. These could include, for example, more consistent educational groups for counsellors to run or co-facilitating therapeutic groups on a more consistent basis. Such additions to the job tasks may well help in enabling counsellors to feels that more of their ability is being utilised and consequently this may increase motivation.

ii)

Seeing that such a high percentage of counsellors reported not liking supervision, agencies should ask what the counsellors want from supervision, and what they find

useful or not useful. Whether this dislike is due to logistical reasons surrounding supervision, such as travel, the associated costs need to be ascertained and suitable solutions found. One such example could be holding such sessions in a place which reduces such issues (travel time and cost). As most counsellors found supervision helpful it does not appear to be the content which is not being "liked" thus these responses point towards issues of a more logistical manner.

iii)

Counsellors' work privacy needs to be upheld as much as possible and solutions to protect this need to be found. These could include 'signs' on the doors of the counselling venues to indicate that confidential sessions are taking place. It should also be made clear to others who work in the buildings where counselling takes place that clients have a legal right to privacy and that interruptions could compromise confidentiality. Privacy and confidentiality would extend to the protection of the identity and HIV/Aids status of a client. Infringements of this latter kind, could conceivably lead to legal action against those responsible (such as an NGO or the Department of Health).

iv)

As the concern about counsellors losing their jobs is high it is recommended that some action be taken. As NGOs do not necessarily have ultimate control over length of contracts with the Department of Health, assurances are hard to give. However job security should always be made as transparent as possible. This could be achieved by

giving details to the counsellors regarding the length of contracts as well as information regarding the factors involved (e.g. the re-zoning of health districts) in such contracts. It may also be useful to explain the nature of the sector (Non profit/ NGO) and how such projects work and are influenced by macro issues such as central government allocations or provincial government priorities. It should also be made clear to those counsellors who are on contracts specific to a job, site or time frame, that the nature of "contract work" often involves periods of unemployment in between contracts and in such is unpredictable and not be relied on to necessarily lead to the next job or contract. Perhaps such knowledge would make the counsellors expectations in a contract-led NGO sector more realistic.

v)

While attitudes towards supervision are very good, it may be useful for new counsellors to have the benefits of supervision listed to them by both project managers as well as existing counsellors. What may be of further use is if the type of issues one could bring to supervision could be clearly outlined. This would help avoid confusion or disappointment over raising issues not related to the supervision of counsellors.

vi)

It is recommended that mentoring sessions be continued. These serve as professionally safe and secure platforms from which difficult and potentially contentious issues could be discussed. Since such meetings are clearly "enjoyable"

for the counsellors there may not be much change needed from what is presently happening.

vii)

It is further recommended that job descriptions be defined and expected functions outlined. It was mentioned in pre-research interviews that HIV/Aids counsellors had been asked to assist nursing staff at clinics and had been asked to assist clinic staff with administrative tasks. This reportedly had occurred when they should have been counselling. Upon joining an NGO, easy to understand job descriptions should be defined and expected functions outlined. Such information should be passed on to others who work in the building and the role definition and job descriptions of counsellors should be discussed and agreed upon prior to entering a setting (e.g. clinic or church). Further, to help ensure that such inappropriate crossing of roles or jobs is not occurring, regular meetings could be held with the relevant stakeholders such as clinic staff, Department of Health Officials and church employees.

It should also be made clear to all HIV/Aids counsellors that being a counsellor, in this context, entails helping people with the psycho-social issues surrounding HIV/Aids and does not qualify them to perform any medical procedures or to assist clinic staff in doing so. This remains the case even if a member of the health staff ask them to assist in performing a medical procedure.

viii)

It is recommended that issues about sick leave be addressed. This would entail the employing NGOs informing all counselling staff, before they accept the job, how many sick days they are allowed. It should be made clear that sick days are based on labour law and that a minimum requirement has to be met, that there are statutory limits to such leave and that there may be contractual issues in place (i.e. the Department of Health requiring that a certain number of sick days are given). What could be useful is if NGOs help counsellors to become self-aware of those issues which lead to ill health. It is suggested that mentoring or supervision (group) sessions be used to address such issues as stress management and work life balance issues.

ix)

It is further recommended that counsellors and other clinic staff members foster a working relationship, which includes the right to privacy for counselling sessions and that counsellor's job descriptions and roles are not compromised by unrealistic expectations (nurses asking counsellors to answer phones). Counsellors should be encouraged to use the reported good relationships as a platform to be assertive in asking for the privacy and respect required to adequately carry out confidential counselling.

x)

As seen earlier, salary is an important matter affecting motivation as seen from responses both from counsellors and project managers. It is therefore recommended that the NGOs attempt to gain higher salaries for the counsellors.

This may prove difficult as the Department of Health has the ultimate say over the matter. However, making a combined argument the NGOs can form a 'united front' in making such a point. By this, every time a counsellor leaves for this reason the NGOs should record this as an example of where an otherwise contented and well trained counsellor has left for no reason other than financial gain. Should the job be seen as one where free training and experience can be gained and then the job used as a stepping stone, retention of trained and experienced staff will prove difficult.

Should it prove difficult for salaries to be increased, NGOs could, ideally as a group (as opposed to an individual and piecemeal approach), look to their fundraisers to help them to supplement the salaries of such counsellors. Should one NGO do this alone it may create animosity amongst the staff of the other NGOs who do the same job for less money. It may also cause counsellors to look to move to the higher paying NGO for no reason other than a higher salary. By acting as a combined force, a stronger argument could be made to bigger corporate donors/ sponsors. As a cautionary note the researcher adds that if such agreements are reached with agencies (businesses, international donors, church groups) that the length of the agreements be clear and that the counsellors are clearly informed that they will receive an extra

amount on their salaries between certain periods. Counsellors should not expect this to continue as such agreements may not be renewed.

Should the NGOs find it difficult to be competitive with salaries then perhaps other incentives could be offered such as 'bonus leave' (a practice used by NGOs to reward staff) as long as this practice will be acceptable to the Department of Health (as HIV/Aids lay counsellors have to work when the Department of Health requires them to). Through fundraising an awards scheme of sorts could be put in place where high performing counsellors are given gifts (e.g. vouchers) or experiences (e.g. a day at a spa). Given the prevalence of HIV/Aids in South Africa, there may be corporate partners willing to sponsor monthly (for achievement) or annual (for loyalty) gifts of this nature. This would also begin to address the 'recognition' aspect, seen as the second most important aspect according to the Project Managers' responses.

Since the vast majority of counsellors agreed that people see them as important because of their jobs as counsellors, it could be used as encouragement during supervision sessions, reminding counsellors that their work is important and that they have a right to allow themselves to feel satisfied and proud of the service they provide to their communities.

The following recommendations relate to the ten questions which were based on the intrinsic factors of the Two Factor Theory.

i)

As a large majority felt that they are passionate about their jobs this can be used for motivational purposes. As such, those supervising the counsellors could request, for example, at group supervision sessions, that counsellors who feel such passion explain to their colleagues why this is the case as a type of testimony to the job. Such a sense of passion could also be useful if linked to a sense of vocational fulfilment by doing the work of an HIV/Aids lay counsellor by supervisors and project managers, through providing testimonies or peer training from those counsellors who could possibly share knowledge on issues which help maximize potential. This could be around time management skills or using counselling skills taught to the counsellors in training.

ii)

It is recommended that, given the ambition and hope expressed by the counsellors, that there is a natural progression for those HIV/Aids counsellors who show promise and potential to be promoted within the agencies to other roles (whether related specifically to these projects or not). This will assist those who have stagnated to become more motivated, and to counteract disengagement as noted in the literature, with the reservation that good counsellors may not necessarily make good counselling supervisors, administrators or organisers in other areas of work.

iii)

Counsellors need to be challenged to integrate aspects of their training and supervision, therefore consistent education around their work needs to occur. It may entail asking for "evidence" of where they felt certain skills were used (listening, containing, validating, showing knowledge of the phases of a counselling relationship) in verbal or written format for example. This may help counsellors to realise that they are not just expected to do the "basics" of counselling but rather that they have the opportunity to constantly build on the basics as a base with new skills, information and counselling techniques. This will show that their work is not static but rather constantly in flux (e.g. new information regarding HIV/Aids and new health practices) and that their counselling practice will constantly evolve. This will relate most pertinently to the psycho-educational work around HIV/Aids information.

iv)

While the majority of respondents did not experience discrimination due to race, the researcher recommends that all NGOs continue to use transparent policies and practices. This will involve always dealing with any such complaints in a fair manner and also ensuring that any such undertones are quickly brought to the surface and dealt with in a transparent and holistic manner.

v)

As there are still a fair number of counsellors who feel that they have not received adequate training for their work, it is recommended that trainers encourage constructive critical feedback regarding their work sessions and materials. Useful

suggestions and critiques may even be feedback to the original source of the information (such as when training information comes from an outside source like Soul City). Training should only take place when necessary, should always be well prepared and should be interactive (as practising counselling skills is a very useful way to learn how to use them).

vi)

It is recommended that counsellors are encouraged to bring examples of their work to supervision (group or individual). This could help in peer learning and motivation by demonstrating specific instances of where counselling has helped to improve people's lives. Recruitment through posters, leaflets and on the websites could also emphasize the positive aspects of the counselling role and the role of NGOs and their policies.

The following recommendations are based on question 9 of the Project Managers' questionnaire and question 3.2 of the HIV/Aids counsellors' questionnaire.

i)

As the counsellors appear to feel safe at work and this did not rate highly in the responses given to the researcher, it is probably appropriate to not expend any more resources than what may currently be being used in this area.

ii)

As the need to make a positive difference in the lives of those they counsel appears to be a very important factor, it is recommended that success stories be highlighted and used as teaching/ training examples with the counsellors.

iii)

The factor of "Better working conditions in the counselling venue" appears to have come up frequently. While this point is beyond the scope of the research, it appears to warrant further exploration. This is perhaps very important for Life Line, Leadership South, FAMSA and Etafeni whose counsellors rated this as the second most important factor. It may be necessary to have discussions with partnership agencies such as the Department of Health about such matters. Once more, should all the agencies present a united front on the issue it is more likely to make a strong argument for positive change.

The following recommendation is based on the responses given by both Project Managers and the HIV/Aids lay counsellors regarding benefits. Only four agencies of the seven provided benefits and the counsellors overwhelmingly indicated that a pension was the favoured form of benefit despite no agency offering such. While it remains unrealistic that a pension of any significance could be gained at the present salary levels it is an option to consider if salaries are increased.

In the absence of higher salaries it seems wise that lay counsellors have indemnity insurance however this is unlikely to be beneficial to the counsellor as an individual as opposed to the agency. In the absence of a clear favourite option (other than a pension) the researcher would suggest that each group gets to choose their benefit option (if offered by the agency).

5.3 Recommendations for Future Research

The following areas are recommended by the researcher for future research:

i)

Given that the study generated an enormous amount of data it is worth noting that a study of a more rigorous statistical angle may well be beneficial to such research. In this way data could be more thoroughly and holistically examined and not just those features salient to a particular study.

ii)

Another area of focus may be to approach such a study from a qualitative angle by hosting research focus groups and conducting an analysis of the thematic discourse. In this way researchers would not be putting perceived factors to the respondents but rather picking up on their own issues which arise in such groups.

5.4 Summary

The research set out to assess the job motivational factors of HIV/Aids lay counsellors working for Western Cape NGOs. In terms of the overall findings of the study, the researcher found that the data pointed primarily towards the three Extrinsic factors of Working Conditions, Job Security and Salary. The researcher believes that this helps explain why the Intrinsic aspects of The Work Itself and Advancement (willingness to leave for a higher paying job) are affected negatively. Finally, it is recommended that the NGOs involved in the study, together with their partners in the industry (e.g. the Department of Health) would do well to address the relevant Extrinsic aspects as discussed above.

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Addendum 1

QUESTIONNAIRE FOR HIV/AIDS LAY COUNSELLORS

MOTIVATIONAL DETERMINANTS MEASURE

Note to all respondents:

Thank you for completing this questionnaire. It should take about 25-30 minutes to complete.
All responses will be anonymous and only the researcher and his academic supervisor (UCT) will have access to them.

Section 1:

1.1

Gender: Please tick one:

Male	Female

1.2

Age: Please fill in you age in the block below:

1.3

Marital Status: Please tick one option:

Never Married	
Married	
Divorced	
Widowed	
Separated	

1.4

What is your nationality? (Fore example: South African, Zimbabwean, British or others)

1.5

Do you have any dependants (People who rely on your income)? Please tick one:

Yes	No

1.5.1

If yes then how many dependants do you have?

1.6

To which HIV/AIDS lay counselling group do you belong? Please tick appropriate choice

MTCT Counsellor	
VCT Counsellor	
Adherence Counsellor	

1.7

What level of qualification do you have? Please tick (more than one if necessary)

Less than Matric	
Matric	
Tertiary Education (college or university)	
Counselling Courses (Such as Basic Counselling or Soul City)	

1.7.1

How many counselling courses have you completed?

1.8

Where do you work as a HIV/AIDS lay counsellor at the currently? (list more than one site if required)

1.9

How much money does it cost you to get to and from work each day?

1.10.

What distance does it take you to travel to work and back?

1.11

How long do you spend travelling to get to and from work?
Hours: Minutes:

1.12

How many hours a week do you work as an HIV/AIDS lay counsellor for your NGO?

Section 2:

Rate the following statements according to a scale of: Strongly disagree, Disagree, Neutral, Agree, Strongly agree):

2.1 I do not like supervision meetings

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.2 I often have to do things at work that have nothing to do with HIV/AIDS counselling

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.3 I am passionate about working as an HIV/AIDS lay counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.4 I am not interrupted at work while I am counselling

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.5 Sometimes I argue with the clinic staff about work issues

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.6 I get enough annual leave

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.7 The salary I earn is enough for me to live on

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.8 I fear that I will lose my job

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.9 I enjoy working in areas that have nothing to do with HIV/AIDS lay counselling because it adds something different to my day

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.10 The NGO I work for has good policies and procedures

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.11 I am only doing this job because I can't find any other work

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.12 People rely on me at work

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.13 Supervision is helpful to me as a counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.14 I am not working to my full potential

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.15 The clinic staff respects my position as a counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.16 My job as an HIV/AIDS lay counsellor will lead me to a higher paying job one day

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.17 I am a good counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.18 I am discriminated against by my NGO because of race

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.19 My current salary is fair

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.20 I get upset by having to do things that have nothing to do with HIV/AIDS lay counselling

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.21 I enjoy meeting with my mentor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.22 Things and people at work distract me from doing my job as a HIV/AIDS lay counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.23 I don’t get as many sick days as I need

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.24 The NGO I work for is honest and can be trusted

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.25 If I lose my job, it will be difficult to get a job as a lay counsellor with another NGO

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.26 I like the clinic staff (doctors, nurses and nurses assistants) who I work with

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.27 If I was offered another job that paid more money I would leave

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.28 I do not enjoy counselling in the field of HIV/AIDS

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.29 People see me as important in the community because of my job as a counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.30 I work in a clean environment

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.31 I feel my NGO supervisor appreciates the work I do as an HIV/AIDS lay counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.32 I have not received the proper training in order to do the work of a counsellor properly

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.33 Counselling does not make a positive difference to the client's lives

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.33.1 Counselling helps clients with their problems

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.34 I feel safe from violence and crime when I am at work

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.35 If I had the opportunity I would change lots of things about the NGO I work for

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.3.6 I feel that I have that I have a proper space in which I can do my counselling

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.37 I enjoy the company of my fellow HIV/AIDS lay counsellors

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.38 I doesn't matter how I perform because AIDS is such a big problem I will always have a job as a HIV/AIDS lay counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.39 If I was offered another job that I enjoyed more I would leave

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.40 I have a good relationship with my supervisor at my NGO

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.41 I feel that my NGO is not paying me all the money that the Department of Health says I should earn

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.42 I like my job as an HIV/AIDS lay counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.43 The NGO I work for will always give me the training I need to be a good HIV/AIDS lay counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.44 I feel safe from violence and crime on my way to and from work

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.45 I am well paid as an HIV/AIDS lay counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.46 I provide a quality service most of the time but often I am not at my best as a counsellor

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2.47 I spend too long travelling to and from work

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

Section 3: Rate the following with number 1 being the most important to you and the highest number the least important to you.

3.1 If you could chose, which of the following benefits over and above your salary would you prefer most?

BENEFIT	**YOUR RATING**
Disability Benefit	
Pension Fund	
Death / Funeral Scheme	
Provident Fund	

Any additional money should be put towards a permanent increase in salary (no benefits)	

3.2 Rank the following in order of importance

Higher Salary	
Better working condition in the counselling venue	
To get along well with my co-workers	
To be safer at work	
To be appreciated more by my NGO	
To make a positive difference to the lives of those I counsel	
To improve my counselling skills	
To have a better relationship with my supervisor	
To be promoted in my NGO or get a better job elsewhere	

Addendum 2

Questionnaire fro HIV/AIDS Project Managers

Secondary Data Collection
Note to Respondents:

Thank you for agreeing to complete this questionnaire. It should take around 15 minutes to complete. Please note that it is only to be completed by the manager of the HIV/AIDS lay counsellor program at your NGO.

Note: If you are unable to tick when requested, then please underline your answer.

1. Which NGO do you work for?

2. In which Department of Health district do your HIV/AIDS lay counsellors work?

3. What salaries do your lay counsellors earn per month?

Adherence:
MTCT
VCT

4. Do you provide your counsellors with benefits? Please tick one.

Yes	No

4.1 If so are these benefits provided over and above their salaries or paid out of their initial salary amounts?

Over and above salary	Out of salary amount

4.2 Which benefit(s) do you provide?

4.3 Do the counsellors contribute towards their benefits in any way? Please tick one.

Yes	No

4.4 Did the counsellors have a say in which benefits they receive? Please tick one.

Yes	No

5. How often do the counsellors receive group supervision?

6. Do the counsellors ever receive scheduled individual supervision? Tick one.

Yes	No

6.1. If so, how often do they receive individual supervision?

7. Do counsellors get a travel allowance for travelling to and from supervision? Tick one.

Yes	No

7.1 Do the counsellors receive a travel allowance for travelling to and from work? Tick one

Yes	No

8. How many HIV/Aids counsellors do you have in total?

9. Rank all the following (1 being the most preferable and 9 the least) terms as ways in which you feel HIV/Aids lay counsellor motivation can be increased in your agency.

Higher Salary	
Better working condition in the counselling venue	
To get along well with their co-workers	
To be safer at work	
To be appreciated more by their NGO	
To make a positive difference to the lives of those they counsel	
To improve their counselling skills	
To have a better relationship with their supervisor	
To be promoted in the NGO or get a better job elsewhere	

10. Rate the following statements on the scale provided?

10.1.1

I feel my HIV/Aids counsellors are sufficiently motivated.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

10.1.2

The HIV/Aids counsellors in my agency get sufficient leave.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

10.1.3

I am happy with the level of supervision counsellors receive

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

10.1.4

I feel that HIV/Aids counsellors earn enough.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

10.1.5

I feel that most counsellors at my agency are sufficiently good at their jobs.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

Addendum 3:

Combined NGO Counsellor

Questionnaire Results

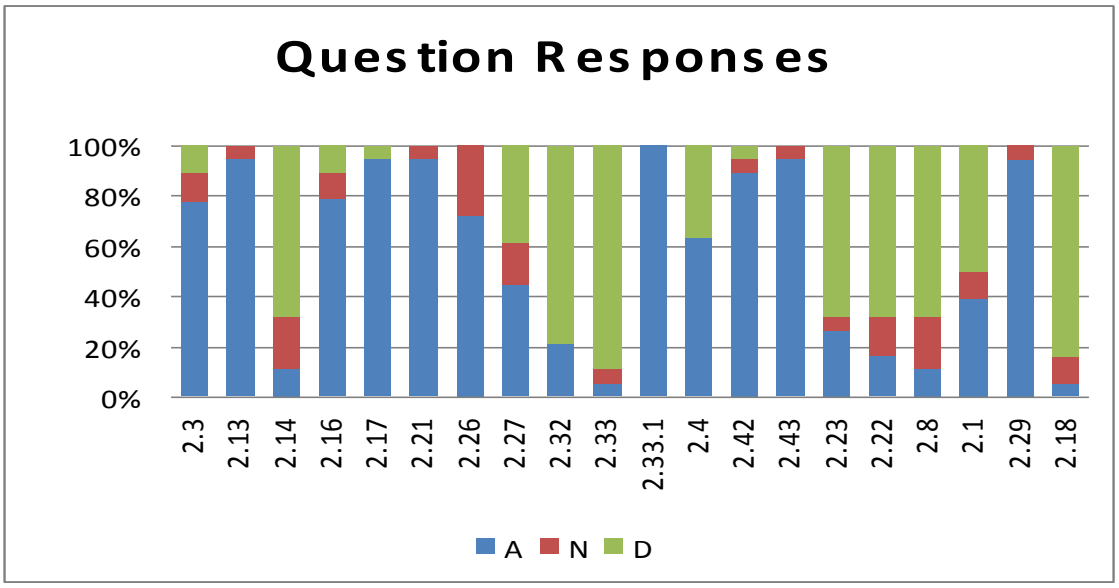

FIGURE 3.1: Combined responses to central questions (graphic depiction)

All	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	98	99	16	83	106	94	86	74	14	6	104	47	105	91	32	20	25	44	92	8
N	5	5	15	18	1	10	19	14	6	5	0	8	4	13	17	14	23	11	11	7
D	6	6	76	9	3	2	4	21	90	99	7	56	1	6	60	73	63	53	7	91

Figure 3.2: Combined responses to central questions

Males

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	12	11	2	9	11	11	8	10	2	1	11	5	12	8	5	4	7	2	9	1
N	0	1	3	1	0	0	1	1	1	1	0	0	0	2	4	2	2	4	2	1
D	0	0	7	2	1	0	2	1	9	10	1	7	0	2	3	6	3	6	1	10

Figure 3.3: Combined Male Counsellors' Responses to Central Questions

Females

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	85	87	14	73	94	82	77	63	12	4	92	41	92	82	27	16	17	41	82	7
N	5	4	12	17	1	10	18	13	5	4	0	8	4	11	13	11	21	7	9	6
D	6	6	68	7	2	2	2	20	80	89	6	49	1	4	56	67	60	47	6	80

Figure 3.4: Combined Female Counsellors' Responses to Central Questions

Counselling Group

MTCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	30	29	3	26	31	26	23	21	4	1	30	9	31	21	11	7	11	13	25	4
N	1	2	8	6	0	5	5	7	3	1	0	4	1	7	4	5	5	3	2	4
D	0	1	21	0	1	0	4	4	25	30	2	19	0	4	16	20	16	15	5	24

VCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	49	45	6	36	52	43	45	37	5	3	48	23	50	45	18	8	10	20	46	5
N	1	4	6	12	0	7	5	3	2	2	0	2	2	5	8	10	11	7	3	3
D	2	3	40	4	0	1	2	11	44	47	4	27	0	2	24	32	31	24	3	43

ADH

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	63	64	11	54	67	60	51	49	12	3	65	28	67	56	20	13	19	28	57	3
N	3	3	11	9	1	7	14	10	5	3	0	7	2	8	12	10	13	8	9	4
D	4	3	46	7	2	1	4	10	54	65	6	36	1	6	38	47	39	32	4	61

Figure 3.5: Counsellors' Responses to Central Questions by Counselling Type

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18

A	29	29	8	26	30	26	27	18	4	4	32	15	32	29	7	5	9	13	29	3
N	0	0	1	3	0	2	5	5	0	1	0	5	0	2	6	3	3	2	2	0
D	3	3	21	3	2	2	0	9	27	26	0	12	0	1	18	21	20	17	1	26

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	52	53	5	45	57	52	44	38	7	2	55	23	57	47	15	11	13	24	48	4
N	4	4	13	10	1	6	11	9	4	3	0	2	2	8	8	10	13	7	6	5
D	2	2	41	4	1	0	4	11	49	55	5	35	0	4	36	39	34	26	5	49

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	57	57	12	47	60	54	50	38	4	4	58	24	58	51	18	10	13	25	50	5
N	3	3	11	11	0	6	11	10	2	1	0	7	2	7	9	10	13	5	7	5
D	2	2	39	4	2	1	0	12	56	57	4	31	1	3	33	40	36	32	4	51

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	24	24	6	19	27	27	22	24	4	0	27	11	27	21	11	6	5	10	19	4
N	3	3	5	7	1	1	5	1	2	2	0	0	2	7	5	6	10	5	6	2
D	2	2	17	3	1	0	0	2	22	27	2	18	0	1	12	17	14	13	3	23

Figure 3.6: Counsellors' Responses to Central Questions based on Level of Education

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	22	17	2	16	21	18	13	15	2	1	21	4	23	18	9	5	6	5	14	1
N	0	3	5	5	1	3	7	3	1	1	0	2	0	3	5	4	3	6	6	1
D	1	3	16	2	1	1	2	4	20	21	2	17	0	2	9	14	14	10	3	21

31 - 35

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	24	25	5	22	26	22	23	17	5	4	26	10	25	19	10	6	10	15	24	5
N	1	1	4	3	0	2	3	6	2	0	0	1	1	4	3	5	3	1	1	2
D	2	1	17	2	1	1	1	4	20	22	1	16	0	3	13	15	14	11	2	18

36 - 45

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	33	36	7	26	36	33	30	27	6	1	35	20	36	32	8	7	7	15	33	2
N	2	0	3	7	0	4	7	3	3	4	0	4	2	5	5	1	9	2	4	2
D	1	1	26	4	1	0	1	8	29	33	3	14	0	1	25	30	22	20	1	33

> 46

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	17	18	2	16	20	18	17	12	1	0	19	12	19	19	2	1	2	8	18	0
N	2	1	3	3	0	1	2	2	0	0	0	1	1	1	4	4	7	2	0	2
D	1	1	14	1	0	0	0	5	18	20	1	7	0	0	13	13	11	10	1	16

Figure 3.7: Counsellors' Responses to Central Questions based on Age

All

	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	20	12	70	22	14	17	5	10	21	12	3	35	57	4	26
A	24	30	31	26	48	46	2	17	29	36	10	33	44	12	32

N	13	16	5	8	16	13	4	24	17	26	11	21	6	17	22
D	29	32	0	36	22	25	37	42	26	20	42	19	4	34	20
SD	25	23	6	22	14	12	65	21	21	16	47	4	2	43	12

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
46	79	4	8	13	46	5	12	23	5	44	46	3	51	32	39
40	30	5	13	16	51	15	22	32	13	45	31	4	44	46	53
18	1	8	15	27	10	15	17	35	9	19	14	4	11	16	15
3	1	40	33	35	1	54	42	13	43	2	10	45	6	14	4
6	2	52	44	21	1	21	19	10	41	2	11	57	1	4	2

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
5	4	65	15	35	26	43	14	24	31	36	74	52	7	4	10	14
9	2	42	44	44	44	57	14	27	52	27	34	41	26	7	37	33
6	5	0	24	24	11	10	12	22	22	21	4	14	29	19	16	25
42	41	4	20	7	19	3	36	27	4	18	0	6	32	39	29	32
51	61	3	10	4	13	1	34	13	4	11	1	0	19	45	21	9

Figure 3.8: Counsellors' Responses to Entire Questionnaire

Addendum 4

FAMSA Western Cape Responses

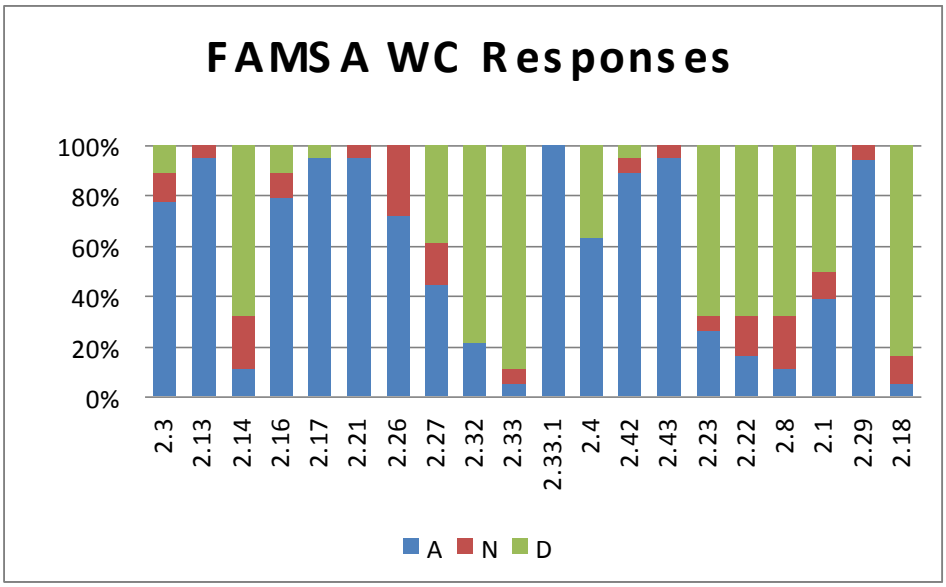

Figure 4.1: FAMSA WC's Counsellors' Responses to Central Questions (graphic depiction)

All	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	14	18	2	15	18	18	13	8	4	1	19	12	17	18	5	3	2	7	17	1
N	2	1	4	2	0	1	5	3	0	1	0	0	1	1	1	3	4	2	1	2
D	2	0	13	2	1	0	0	7	15	17	0	7	1	0	13	13	13	9	0	16

Figure 4.2: FAMSA WC's Counsellors' Responses to Central Questions

Males

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	2	1	2	1	2	2	0	1	0	2	2	2	2	0	0	1	0	1	0
N	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	1	1
D	0	0	0	0	1	0	0	1	1	2	0	0	0	0	2	1	0	2	0	1

Figure 4.3: FAMSA WC's Male Counsellors' Responses to Central Questions

Females

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	12	16	1	13	17	16	11	8	3	1	17	10	15	16	5	3	1	7	16	1
N	2	1	3	2	0	1	5	2	0	1	0	0	1	1	1	2	3	2	0	1
D	2	0	13	2	0	0	0	6	14	15	0	7	1	0	11	12	13	7	0	15

Figure 4.4: FAMSA WC's Female Counsellors' Responses to Central Questions

Counselling Group

MTCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	3	3	1	3	3	3	3	1	0	1	3	2	3	3	1	1	0	1	3	1
N	0	0	1	0	0	0	0	2	0	0	0	0	0	0	1	2	1	0	0	1
D	0	0	1	0	0	0	0	0	3	2	0	1	0	0	1	0	2	2	0	1

VCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	10	10	0	9	11	10	8	4	1	0	11	7	10	11	3	1	1	4	11	0
N	1	1	1	2	0	1	3	2	0	0	0	0	1	0	1	2	1	1	0	1
D	0	0	10	0	0	0	0	5	10	11	0	4	0	0	7	8	9	6	0	10

Adherence

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	3	7	1	5	6	7	4	3	3	0	7	3	6	6	1	1	1	2	5	0
N	1	0	2	0	0	0	2	1	0	1	0	0	0	1	1	1	2	1	1	0
D	2	0	4	2	1	0	0	2	4	6	0	4	1	0	5	5	4	3	0	7

Figure 4.5: FAMSA WC's Counsellors' Responses to Central Questions According to Counselling Type

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	6	6	2	5	5	6	6	1	1	1	6	4	6	6	2	1	1	2	5	1
N	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	1	0	0	1	0
D	0	0	4	0	1	0	0	4	5	5	0	2	0	0	3	4	5	4	0	5

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	7	10	0	8	10	10	6	5	2	0	10	6	10	9	1	1	1	4	9	0
N	1	0	4	0	0	0	3	2	0	1	0	0	0	1	0	1	3	1	0	1
D	1	0	6	2	0	0	0	2	8	9	0	4	0	0	9	8	6	4	0	9

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	9	11	2	9	10	10	9	2	1	1	11	7	10	11	3	2	1	4	9	1
N	1	0	3	1	0	1	1	3	0	0	0	0	0	0	1	2	2	1	1	1
D	1	0	6	1	1	0	0	5	10	10	0	4	1	0	7	7	8	6	0	9

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	0	1	0	0	2	2	0	1	1	0	2	2	1	2	1	0	0	0	1	0
N	2	1	1	1	0	0	1	0	0	0	0	0	1	0	0	1	2	2	0	1
D	0	0	1	1	0	0	0	0	1	2	0	0	0	0	1	1	0	0	0	1

Figure 4.6: FAMSA WC's Counsellors' Responses to Central Questions According to Level of Education

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	1	0	1	1	1	0	0	0	0	1	0	1	1	0	1	0	1	1	0
N	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
D	0	0	1	0	0	0	0	1	1	1	0	1	0	0	1	0	1	0	0	1

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	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	3	1	3	3	3	3	2	1	1	3	2	3	3	1	1	0	3	3	1
N	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
D	1	0	1	0	0	0	0	0	2	2	0	1	0	0	2	2	3	0	0	2

36 - 45

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	6	7	1	5	6	6	4	3	2	0	7	5	7	6	2	1	1	1	6	0
N	0	0	1	1	0	1	3	0	0	1	0	0	0	1	0	0	1	0	1	0
D	0	0	5	1	1	0	0	4	5	6	0	2	0	0	5	6	5	5	0	7

> 46

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	6	0	5	7	7	5	2	1	0	7	5	6	7	1	0	1	2	6	0
N	2	1	2	1	0	0	1	2	0	0	0	0	1	0	1	3	3	2	0	2
D	0	0	5	1	0	0	0	2	6	7	0	2	0	0	5	4	3	3	0	5

Figure 4.7: FAMSA WC's Counsellors' Responses to Central Questions According to Age Group

All															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	3	0	11	3	1	2	2	1	2	4	0	5	10	1	6
A	4	3	3	9	11	6	0	1	6	9	2	8	8	1	5
N	2	4	2	0	3	3	1	4	5	2	3	3	1	4	3
D	5	6	0	4	1	6	5	7	3	2	3	1	0	7	3
SD	4	5	2	3	3	2	11	6	3	2	11	2	0	6	2

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
9	10	0	2	1	9	1	3	4	1	6	4	1	10	3	8
6	8	1	3	3	9	2	2	9	1	7	4	2	7	13	9
2	0	2	1	7	1	3	1	5	1	5	3	0	1	1	1
0	0	8	4	6	0	9	9	1	7	0	2	5	0	1	0
2	1	8	9	2	0	4	4	0	8	0	5	10	0	0	0

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
2	0	11	1	5	5	7	3	0	5	6	11	14	0	0	2	1
2	1	8	9	8	4	10	3	5	12	4	6	4	5	2	7	9
0	1	0	2	5	1	2	1	5	2	6	1	1	5	3	2	3
5	7	0	5	0	5	0	5	4	0	1	0	0	5	6	5	1
10	10	0	2	1	4	0	7	5	0	2	1	0	4	8	3	5

Figure 4.8: FAMSA WC's Counsellors' Responses to Entire Questionnaire

Addendum 5

Life Line Responses

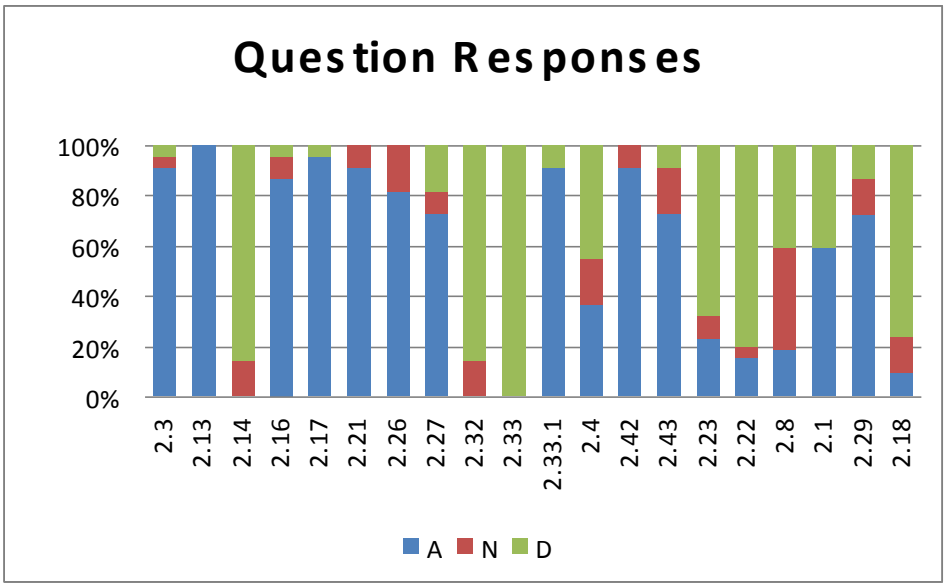

Figure 5.1: Life Line Counsellors' Responses to Central Questions (graphic depiction)

All	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	20	22	0	19	21	20	18	16	0	0	20	8	20	16	5	3	4	13	16	2
N	1	0	3	2	0	2	4	2	3	0	0	4	2	4	2	1	9	0	3	3
D	1	0	18	1	1	0	0	4	18	22	2	10	0	2	15	16	9	9	3	16

Figure 5.2: Life Line Counsellors' Responses to Central Questions

Males	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	1	0	0	1	1	1	1	0	0	1	1	1	1	1	0	0	0	1	1
N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
D	0	0	1	1	0	0	0	0	1	1	0	0	0	0	0	1	0	1	0	0

Figure 5.3: Life Line's Male Counsellors' Responses to Central Questions

Females																				
	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	19	21	0	19	20	19	17	15	0	0	19	7	19	15	4	3	4	13	15	1
N	1	0	3	2	0	2	4	2	3	0	0	4	2	4	2	1	8	0	3	3
D	1	0	17	0	1	0	0	4	17	21	2	10	0	2	15	15	9	8	3	16

Figure 5.4: Life Line Female Counsellors' Responses to Central Questions

Counselling Group																				
MTCT																				
	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	4	5	0	5	4	4	3	3	0	0	5	0	4	1	0	1	2	3	2	1
N	1	0	1	0	0	1	2	1	2	0	0	1	1	3	0	0	1	0	1	1
D	0	0	4	0	1	0	0	1	3	5	0	4	0	1	5	4	2	2	2	3
VCT																				
	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	6	0	4	6	5	6	5	0	0	5	2	5	5	4	1	0	2	5	1
N	0	0	0	1	0	1	0	0	1	0	0	1	1	0	0	0	5	0	1	1
D	1	0	6	1	0	0	0	1	4	6	1	3	0	1	2	4	1	4	0	4
ADH																				
	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	13	13	0	11	13	11	11	10	0	0	11	6	12	10	2	1	3	9	10	1
N	0	0	2	2	0	2	2	1	2	0	0	3	1	1	2	1	4	0	2	2
D	0	0	10	0	0	0	0	2	11	13	2	4	0	2	9	10	6	4	1	9

Figure 5.5: Life Line Counsellors' Responses to Central Questions According to Counselling Type

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	6	0	6	6	6	5	3	0	0	6	1	6	5	0	0	2	3	5	0
N	0	0	1	0	0	0	1	2	0	0	0	3	0	1	1	0	2	0	1	0
D	1	0	4	0	0	0	0	1	5	6	0	2	0	0	5	5	2	3	0	5

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	8	9	0	9	8	8	7	6	0	0	9	3	8	6	1	2	2	6	7	1
N	1	0	1	0	0	1	2	0	2	0	0	0	1	2	0	1	2	0	0	2
D	0	0	8	0	1	0	0	3	7	9	0	6	0	1	8	6	5	3	2	6

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	12	13	0	11	12	12	11	8	0	0	11	3	11	9	3	2	3	7	9	0
N	1	0	3	2	0	1	2	2	1	0	0	4	2	3	1	1	4	0	2	3
D	0	0	10	0	1	0	0	3	12	13	2	6	0	1	9	9	6	6	2	10

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	4	6	0	4	5	6	4	6	0	0	5	3	5	4	2	2	0	3	3	1
N	1	0	2	1	0	0	2	0	0	0	0	0	1	2	0	0	4	0	1	1
D	1	0	4	1	1	0	0	0	5	6	1	3	0	0	4	4	2	3	2	4

Figure 5.6: Life Line Counsellors' Responses to Central Questions According to Education Level

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	2	0	2	2	2	0	1	0	0	2	1	2	2	1	0	1	2	1	0
N	0	0	0	0	0	0	2	1	0	0	0	1	0	0	0	0	0	0	1	0
D	0	0	2	0	0	0	0	0	2	2	0	0	0	0	1	2	1	0	0	2

31 - 35

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	3	0	3	2	2	2	2	0	0	3	0	2	0	0	1	2	1	1	1
N	1	0	1	0	0	1	1	1	1	0	0	1	1	2	0	0	1	0	1	1
D	0	0	2	0	1	0	0	0	2	3	0	2	0	1	3	2	0	2	1	1

36 - 45

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	8	8	0	6	8	7	7	6	0	0	7	3	7	6	2	0	1	4	6	1
N	0	0	1	1	0	1	1	0	2	0	0	2	1	1	1	1	3	0	1	2
D	0	0	7	1	0	0	0	2	6	8	1	3	0	1	5	7	4	4	1	5

> 46

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	6	7	0	6	7	7	7	5	0	0	6	3	7	6	0	1	0	5	6	0
N	0	0	1	1	0	0	0	0	0	0	0	0	0	1	1	0	4	0	0	0
D	1	0	5	0	0	0	0	2	6	7	1	4	0	0	6	5	3	2	1	6

Figure 5.7: Life Line Counsellors' Responses to Central Questions According Age Group

All															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	9	5	18	4	3	6	0	2	6	1	2	9	16	0	4
A	4	7	3	4	8	9	0	3	7	5	4	6	7	0	8
N	0	4	1	4	4	3	1	9	3	6	2	5	0	3	5
D	3	4	0	7	6	4	8	6	2	5	8	3	0	6	3
SD	7	3	1	4	2	1	14	3	5	6	7	0	0	13	3

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
11	16	1	3	2	10	1	2	4	1	11	12	1	9	5	6
9	6	1	0	2	11	2	4	3	3	8	5	0	8	10	10
2	0	3	5	4	2	1	2	9	4	4	2	2	3	3	5
1	1	9	5	7	0	13	12	3	6	0	2	9	3	4	1
0	0	8	10	8	0	4	3	4	8	0	2	11	0	1	1

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
0	0	16	2	11	4	5	6	6	6	9	17	10	2	1	3	4
0	0	5	10	7	7	16	1	5	10	5	4	7	3	0	5	3
3	0	0	5	2	4	0	5	4	3	5	2	4	6	5	4	6
10	5	0	4	3	6	1	5	6	2	1	0	2	8	8	5	8
9	18	2	2	0	2	1	5	2	2	3	0	0	4	9	6	1

Figure 5.8: Life Line Counsellors' Responses to Entire Questionnaire

Addendum 6

Centre of Hope Responses

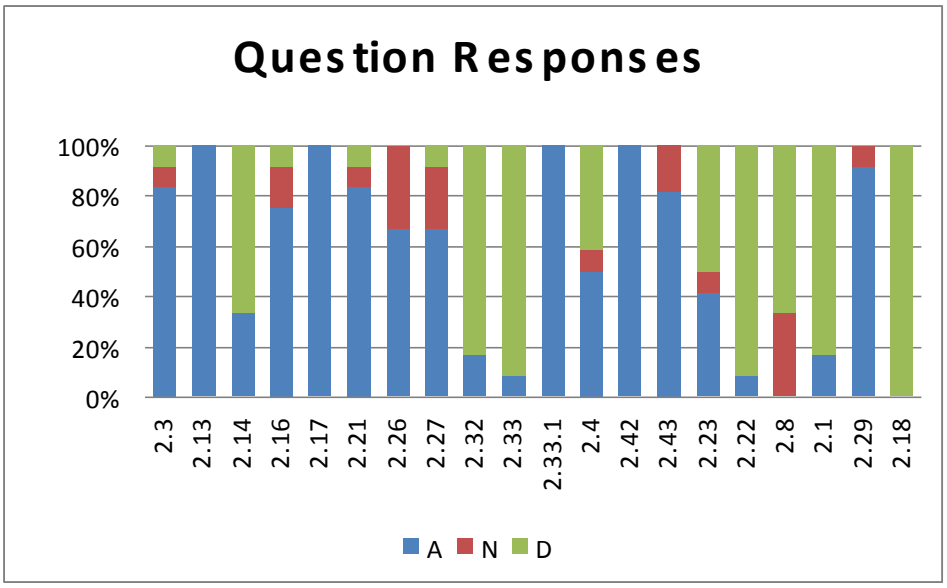

Figure 6.1: Centre of Hope Counsellors' Responses to Central Questions (graphic depiction)

All

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	10	12	4	9	12	10	8	8	2	1	12	6	11	9	5	1	0	2	11	0
N	1	0	0	2	0	1	4	3	0	0	0	1	0	2	1	0	4	0	1	0
D	1	0	8	1	0	1	0	1	10	11	0	5	0	0	6	11	8	10	0	12

Figure 6.2: Centre of Hope Counsellors' Responses to Central Questions

Females

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18

A	10	12	4	9	12	10	8	8	2	1	12	6	11	9	5	1	0	2	11	0
N	1	0	0	2	0	1	4	3	0	0	0	1	0	2	1	0	4	0	1	0
D	1	0	8	1	0	1	0	1	10	11	0	5	0	0	6	11	8	10	0	12

Figure 6.3: Centre of Hope's Female Counsellors' Responses to Central Questions (no male counsellors)

Counselling Group

MTCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	3	3	0	2	3	2	2	2	1	0	3	2	3	3	2	0	0	1	3	0
N	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	2	0	0	0
D	0	0	3	0	0	0	0	1	2	3	0	1	0	0	1	3	1	2	0	3

VCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	5	0	3	5	4	4	4	1	0	5	3	5	5	2	0	0	1	5	0
N	0	0	0	2	0	1	1	0	0	0	0	0	0	0	1	0	2	0	0	0
D	0	0	5	0	0	0	0	1	4	5	0	2	0	0	2	5	3	4	0	5

ADH

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	8	10	4	8	10	8	6	6	2	1	10	5	9	7	5	1	0	2	9	0
N	1	0	0	1	0	1	4	3	0	0	0	1	0	2	0	0	4	0	1	0
D	1	0	6	1	0	1	0	1	8	9	0	4	0	0	5	9	6	8	0	10

Figure 6.4: Centre of Hope's Counsellors' Responses to Central Questions According to Counselling Groups

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	3	4	2	4	4	2	2	2	1	0	4	3	4	3	2	0	0	1	4	0
N	0	0	0	0	0	1	2	2	0	0	0	0	0	1	1	0	1	0	0	0
D	1	0	2	0	0	1	0	0	3	4	0	1	0	0	1	4	3	3	0	4

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	4	5	0	3	5	5	3	3	0	1	5	2	4	4	1	1	0	1	4	0
N	1	0	0	1	0	0	2	1	0	0	0	1	0	0	0	0	2	0	1	0
D	0	0	5	1	0	0	0	1	5	4	0	2	0	0	4	4	3	4	0	5

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	9	10	3	8	10	9	6	7	1	1	10	6	9	8	3	1	0	2	9	0
N	1	0	0	1	0	1	4	2	0	0	0	1	0	1	1	0	3	0	1	0
D	0	0	7	1	0	0	0	1	9	9	0	3	0	0	6	9	7	8	0	10

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	3	3	2	2	3	3	3	3	1	0	3	1	3	2	2	0	0	0	3	0
N	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
D	0	0	1	0	0	0	0	0	2	3	0	2	0	0	1	3	2	3	0	3

Figure 6.5: Centre of Hope's Counsellors' Responses to Central Questions According to Level of Education

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	2	0	1	2	2	2	2	1	0	2	0	2	2	1	0	0	0	1	0
N	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0
D	0	0	2	0	0	0	0	0	1	2	0	1	0	0	1	2	1	2	0	2

31 - 35

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	2	1	1	2	1	1	1	0	0	2	0	1	0	2	0	0	0	2	0
N	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0
D	1	0	1	1	0	1	0	0	2	2	0	2	0	0	0	2	2	2	0	2

36 - 45

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	6	3	5	6	6	4	3	1	1	6	4	6	5	1	1	0	2	6	0
N	1	0	0	1	0	0	2	2	0	0	0	0	0	1	0	0	3	0	0	0
D	0	0	3	0	0	0	0	1	5	5	0	2	0	0	5	5	3	4	0	6

> 46

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	2	0	2	2	1	1	2	0	0	2	2	2	2	1	0	0	0	2	0
N	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0
D	0	0	2	0	0	0	0	0	2	2	0	0	0	0	0	2	2	2	0	2

Figure 6.6: Centre of Hope's Counsellors' Responses to Central Questions According to Age Group

All															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	1	1	7	4	1	1	1	0	3	2	0	7	9	2	2
A	1	1	3	2	4	4	1	0	2	5	0	2	3	2	3
N	0	2	1	1	2	2	0	4	2	3	1	2	0	0	5
D	6	4	0	4	3	3	4	5	3	0	4	1	0	3	1
SD	4	4	1	1	2	2	6	3	2	2	7	0	0	5	1

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
5	12	0	0	2	8	1	3	5	1	3	4	0	7	5	6
4	0	0	4	2	2	0	2	3	1	5	4	2	4	2	5
2	0	0	0	3	1	0	1	4	0	4	3	0	1	3	0
0	0	1	3	2	1	7	3	0	6	0	1	5	0	1	1
1	0	11	5	3	0	4	3	0	3	0	0	5	0	1	0

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
1	1	9	3	3	7	9	1	3	4	2	9	7	2	0	2	1
1	0	3	4	3	5	3	4	4	4	2	2	2	0	0	2	1
0	0	0	3	4	0	0	0	4	3	2	0	2	4	3	1	3
3	5	0	2	1	0	0	3	0	0	4	0	0	5	6	4	6
7	6	0	0	1	0	0	3	0	0	1	0	0	0	3	3	1

Figure 6.7: Centre of Hope's Counsellors' Responses to Entire Questionnaire

Addendum 7

Etafeni Responses

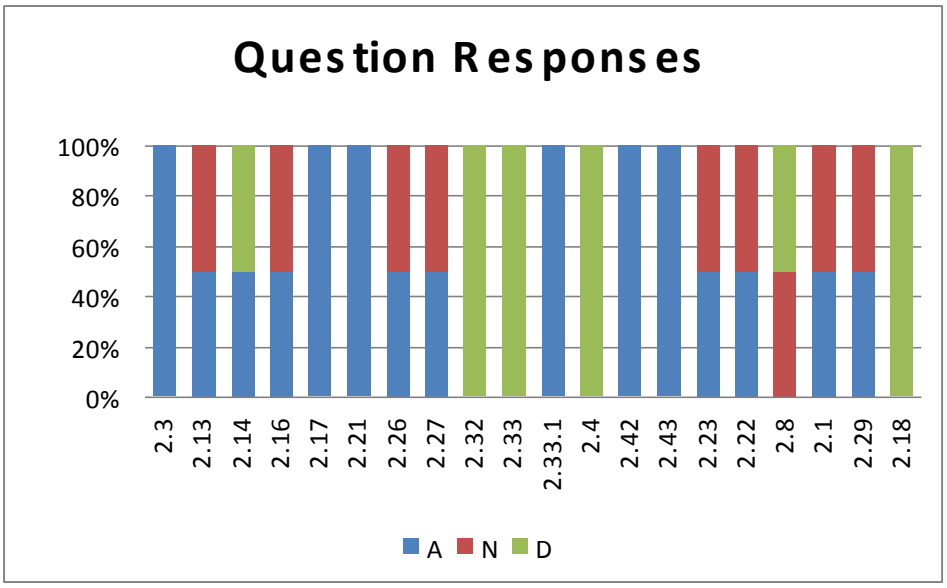

Figure 7.1: Etafeni's Counsellors' Responses to Central Questions (graphic depiction)

All

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	1	1	1	2	2	1	1	0	0	2	0	2	2	1	1	0	1	1	0
N	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	1	1	1	1	0
D	0	0	1	0	0	0	0	0	2	2	0	2	0	0	0	0	1	0	0	2

Figure 7.2: Etafeni's Counsellors' Responses to Central Questions

Females

2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18

A	2	1	1	1	2	2	1	1	0	0	2	0	2	2	1	1	0	1	1	0
N	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	1	1	1	1	0
D	0	0	1	0	0	0	0	0	2	2	0	2	0	0	0	0	1	0	0	2

Figure 7.3: Etafeni's Female Counsellors' Responses to Central Questions (no male counsellors)

Counselling Group

MTCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

VCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	0	0	1	1	0
N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
D	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0	1

ADH

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	1	1	1	2	2	1	1	0	0	2	0	2	2	1	1	0	1	1	0
N	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	1	1	1	1	0
D	0	0	1	0	0	0	0	0	2	2	0	2	0	0	0	0	1	0	0	2

Figure 7.4: Etafeni's Counsellors' Responses to Central Questions According to Counselling Group

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	1	1	1	2	2	1	1	0	0	2	0	2	2	1	1	0	1	1	0
N	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	1	1	1	1	0
D	0	0	1	0	0	0	0	0	2	2	0	2	0	0	0	0	1	0	0	2

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	1	1	1	2	2	1	1	0	0	2	0	2	2	1	1	0	1	1	0
N	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	1	1	1	1	0
D	0	0	1	0	0	0	0	0	2	2	0	2	0	0	0	0	1	0	0	2

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	0	0	0	1	1	0	0	0	0	1	0	1	1	0	1	0	0	0	0
N	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	0	1	1	1	0
D	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	1

Figure 7.5: Etafeni's Counsellors' Responses to Central Questions According to Level of Education

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	0	0	0	1	1	0	0	0	0	1	0	1	1	0	1	0	0	0	0
N	0	1	0	1	0	0	1	1	0	0	0	0	0	0	1	0	1	1	1	0
D	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	1

31 - 35

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	0	0	1	1	0
N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
D	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0	1

Figure 7.6: Etafeni's Counsellors' Responses to Central Questions According to Age Group (no counsellors over the age of 35)

All															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0
A	1	0	0	0	1	2	0	0	1	1	0	1	1	1	0
N	1	1	0	0	0	0	0	1	0	1	1	1	1	0	0
D	0	1	0	1	0	0	2	1	1	0	1	0	0	1	1
SD	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
0	2	0	0	1	1	1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	1	0	1	1	0	1	1	0	1	1	2
1	0	0	1	0	0	1	1	1	0	1	1	0	1	0	0
0	0	2	1	1	0	0	0	0	2	0	0	1	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
0	0	2	0	0	0	0	0	0	1	0	2	0	0	0	0	0
0	0	0	0	1	2	2	1	0	1	2	0	2	0	0	2	1
0	0	0	2	1	0	0	0	1	0	0	0	0	1	0	0	1
2	1	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0
0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0

Figure 7.7: Etafeni's Counsellors' Responses to Entire Questionnaire

Addendum 8

Leadership South Responses

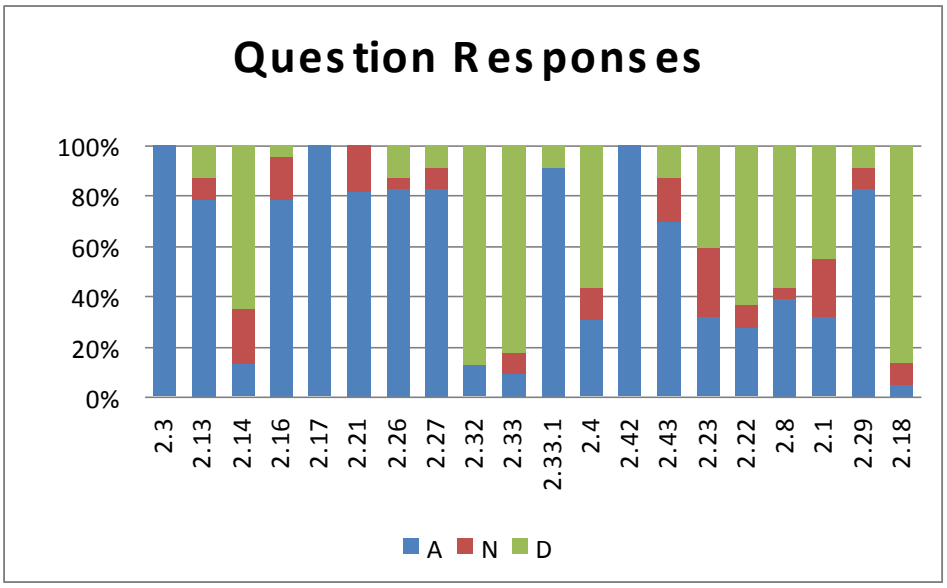

Figure 8.1: Leaderships South's Counsellors' Responses to Central Questions (graphic depiction)

All	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	23	18	3	18	23	18	19	19	3	2	21	7	23	16	7	6	9	7	19	1
N	0	2	5	4	0	4	1	2	0	2	0	3	0	4	6	2	1	5	2	2
D	0	3	15	1	0	0	3	2	20	19	2	13	0	3	9	14	13	10	2	19

Figure 8.2: Leaderships South's Counsellors' Responses to Central Questions

Males	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18

A	7	6	1	6	7	7	4	7	1	1	6	2	7	3	3	3	5	2	5	0
N	0	1	2	1	0	0	1	0	0	1	0	0	0	2	3	1	0	3	1	0
D	0	0	4	0	0	0	2	0	6	5	1	5	0	2	1	3	2	2	1	7

Figure 8.3: Leadership South's Male Counsellors' Responses to Central Questions

Females

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	16	12	2	12	16	11	15	12	2	1	15	5	16	13	4	3	4	5	14	1
N	0	1	3	3	0	4	0	2	0	1	0	3	0	2	3	1	1	2	1	2
D	0	3	11	1	0	0	1	2	14	14	1	8	0	1	8	11	11	8	1	12

Figure 8.4: Leadership South's Female Counsellors' Responses to Central Questions

Counselling Group

MTCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	13	10	0	10	13	10	9	10	1	0	12	2	13	8	5	4	7	3	10	0
N	0	2	4	3	0	3	1	2	0	0	0	3	0	3	3	0	1	3	1	2
D	0	1	9	0	0	0	3	1	12	13	1	8	0	2	5	9	5	6	2	11

VCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	13	9	2	9	13	9	11	10	2	2	12	5	13	9	2	3	4	4	10	1
N	0	2	3	3	0	3	0	1	0	1	0	1	0	3	4	2	0	4	1	1
D	0	2	8	1	0	0	2	2	11	10	1	7	0	1	6	7	9	4	2	10

ADH

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	16	13	1	13	16	13	12	13	2	1	15	4	16	10	6	5	8	5	13	0
N	0	2	4	3	0	3	1	2	0	0	0	3	0	3	3	1	1	3	1	2
D	0	1	11	0	0	0	3	1	14	15	1	9	0	3	7	10	7	7	2	14

Figure 8.5: Leadership South's Counsellors' Responses to Central Questions According to Counselling Group

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	8	7	2	7	8	6	7	7	1	2	8	3	8	7	1	2	4	3	8	1
N	0	0	0	0	0	1	1	0	0	1	0	2	0	0	2	1	0	2	0	0
D	0	1	6	1	0	0	0	1	7	5	0	3	0	1	4	4	4	3	0	6

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	12	9	0	9	12	9	9	9	2	0	10	3	12	7	5	3	4	3	9	0
N	0	2	5	3	0	3	0	2	0	0	0	1	0	3	3	1	1	3	1	2
D	0	1	7	0	0	0	3	1	10	12	2	8	0	2	4	8	7	5	2	10

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	9	8	1	8	9	6	8	7	1	0	9	2	9	7	3	1	5	3	7	0
N	0	1	3	1	0	2	1	1	0	0	0	2	0	1	2	0	1	2	1	1
D	0	0	5	0	0	0	0	1	8	9	0	5	0	1	3	7	3	4	1	7

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	4	3	1	3	4	4	4	4	0	0	4	1	4	2	1	1	1	1	2	0
N	0	0	0	1	0	0	0	0	0	1	0	0	0	2	1	0	0	0	2	0
D	0	1	3	0	0	0	0	0	4	3	0	3	0	0	2	3	3	3	0	4

Figure 8.6: Leadership South's Counsellors' Responses to Central Questions According to Education Levels

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	9	6	0	7	9	6	6	7	1	0	8	1	9	4	4	2	5	0	6	0
N	0	2	4	2	0	3	1	1	0	0	0	0	0	3	3	1	1	4	1	1
D	0	1	5	0	0	0	2	1	8	9	1	8	0	2	2	6	3	4	2	8

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	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	4	3	0	2	4	4	3	3	1	2	4	2	4	3	1	2	1	3	4	0
N	0	0	0	2	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1
D	0	1	4	0	0	0	1	0	3	2	0	2	0	1	2	2	3	1	0	3

36 - 45

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	7	6	1	6	7	6	7	7	1	0	6	3	7	6	2	2	2	3	6	1
N	0	0	1	0	0	1	0	0	0	2	0	2	0	1	2	0	0	1	1	0
D	0	1	5	1	0	0	0	0	6	5	1	2	0	0	3	5	5	3	0	6

> 46

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	3	3	2	3	3	2	3	2	0	0	3	1	3	3	0	0	1	1	3	0
N	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
D	0	0	1	0	0	0	0	1	3	3	0	1	0	0	2	1	2	2	0	2

Figure 8.7: Leadership South's Counsellors' Responses to Central Questions According to Age Groups

All															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	1	4	17	5	4	5	0	3	4	2	1	10	13	0	9
A	6	9	8	3	10	9	0	7	5	7	1	6	6	3	6
N	7	3	0	3	4	2	0	2	4	6	3	4	3	7	4
D	5	6	0	7	6	5	4	9	4	6	8	2	2	3	4
SD	5	3	0	7	1	4	21	4	8	4	12	2	1	12	2

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
15	17	1	0	2	9	0	2	3	2	12	14	1	14	12	12
5	8	1	2	2	11	6	6	2	3	9	7	0	7	6	9
4	0	3	1	7	4	3	6	8	0	1	2	1	2	4	3
1	0	8	6	7	0	10	5	7	9	1	1	9	2	3	0
0	0	11	15	6	0	5	5	4	11	2	1	14	0	0	1

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
1	2	13	8	10	7	12	1	10	7	9	17	9	2	1	0	6
2	0	10	7	8	9	8	1	3	9	4	8	8	5	0	9	7
0	2	0	4	5	2	5	3	3	7	2	0	5	8	2	4	3
7	8	1	2	2	4	0	9	6	0	7	0	3	5	8	6	9
15	13	1	4	0	2	0	11	3	2	3	0	0	5	14	6	0

Figure 8.8: Leadership South's Counsellors' Responses to Entire Questionnaire

Addendum 9

Phillipi Trust Responses

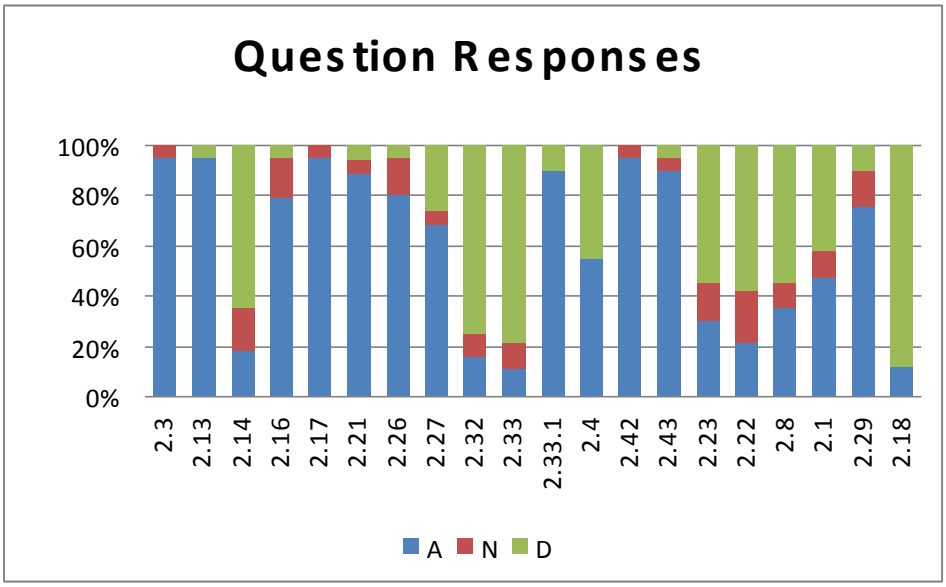

Figure 9.1: Phillipi Trust's Counsellors' Responses to Central Questions (graphic depiction)

All																				
	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	19	18	3	15	18	15	16	13	3	2	18	11	19	18	6	4	7	9	15	2

N	1	0	3	3	1	1	3	1	2	2	0	0	1	1	3	4	2	2	3	0
D	0	1	11	1	0	1	1	5	15	15	2	9	0	1	11	11	11	8	2	15

Figure 9.2: Phillipi Trust Counsellors' Responses to Central Questions

Females

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	18	17	3	14	17	14	15	12	3	1	17	10	18	17	6	4	6	8	14	2
N	1	0	3	3	1	1	3	1	2	2	0	0	1	1	3	3	2	2	3	0
D	0	1	10	1	0	1	1	5	14	15	2	9	0	1	10	11	11	8	2	14

Figure 9.3: Phillip Trust's Female Counsellors' Responses to Central Questions (no male counsellors)

Counselling Group

MTCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	5	1	5	5	4	3	4	1	0	4	2	5	3	3	1	1	4	4	1
N	0	0	2	0	0	0	1	0	1	1	0	0	0	1	0	2	0	0	0	0
D	0	0	2	0	0	0	1	1	3	4	1	3	0	1	2	2	4	1	1	4

VCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	10	9	1	7	10	9	9	7	0	1	9	5	10	9	5	2	2	5	8	1
N	0	0	2	3	0	0	1	0	1	1	0	0	0	1	0	3	1	1	1	0
D	0	1	7	0	0	1	0	2	9	8	1	5	0	0	5	5	7	4	1	9

ADH

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	12	12	3	11	11	10	9	9	3	1	11	7	12	11	3	2	4	6	9	1
N	1	0	3	0	1	1	3	1	2	2	0	0	1	1	3	4	1	2	3	0
D	0	0	5	1	0	0	1	2	8	10	2	6	0	1	7	7	8	4	1	10

Figure 9.4: Phillipi Trust's Counsellors' Responses to Central Questions According to Counselling Group

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	4	1	3	5	3	5	3	0	1	5	4	5	5	1	1	1	3	4	1
N	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
D	0	1	3	0	0	1	0	2	5	3	0	1	0	0	3	3	4	2	1	3

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	13	13	2	11	12	11	10	9	2	1	12	6	13	12	5	3	5	5	10	1
N	1	0	3	1	1	1	3	1	2	2	0	0	1	1	2	4	2	2	3	0
D	0	0	8	1	0	0	1	3	10	11	2	8	0	1	7	7	7	6	1	11

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	10	9	3	7	10	9	8	7	0	2	9	4	10	8	4	2	2	5	8	2
N	0	0	2	2	0	0	2	0	1	1	0	0	0	1	1	4	0	1	1	0
D	0	1	5	1	0	1	0	2	9	7	1	6	0	1	5	4	8	4	1	8

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	7	7	2	7	6	7	6	4	1	0	6	2	7	5	3	1	2	3	4	1
N	0	0	2	0	1	0	1	0	1	1	0	0	0	1	0	3	0	1	2	0
D	0	0	2	0	0	0	0	2	5	6	1	5	0	1	4	3	5	2	1	6

Figure 9.5: Phillipi Trust's Counsellors' Responses to Central Questions According to Levels of Education

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	6	5	2	4	5	5	5	3	0	1	5	2	6	6	1	0	0	2	3	1
N	0	0	1	1	1	0	1	0	0	1	0	0	0	0	1	2	0	1	2	0
D	0	1	3	1	0	1	0	2	6	4	1	4	0	0	4	4	6	2	1	5

31 - 35

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	8	8	1	8	8	6	7	5	1	1	7	4	8	6	4	2	5	3	7	1
N	0	0	2	0	0	0	1	1	1	0	0	0	0	1	1	2	1	0	0	0
D	0	0	4	0	0	0	0	2	6	6	1	4	0	1	3	3	2	5	1	5

36 - 45

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	5	0	3	5	4	4	5	2	0	6	5	5	6	1	2	2	4	5	0
N	1	0	0	2	0	1	1	0	1	1	0	0	1	0	1	0	1	1	1	0
D	0	0	4	0	0	0	1	1	3	5	0	1	0	0	4	4	3	1	0	5

> 46

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 9.6: Phillipi Trust's Counsellors' Responses to Central Questions According to Age Group

All															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	4	0	9	5	2	0	2	2	4	1	0	2	6	0	1
A	5	5	10	6	9	13	1	5	5	5	2	7	12	3	6
N	2	2	1	0	2	1	0	2	1	4	1	3	0	3	4
D	6	6	0	5	3	3	11	8	9	6	12	7	1	8	6
SD	2	7	0	4	4	2	6	3	1	0	4	0	0	3	1

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
5	12	1	3	4	5	1	1	5	0	7	6	0	6	4	2
10	6	1	3	5	10	3	5	7	3	9	7	0	9	10	11
3	1	0	4	5	1	4	3	5	1	3	1	1	3	2	5
1	0	7	9	4	0	9	9	2	8	1	3	10	1	1	2
0	0	8	1	1	1	2	2	1	8	0	2	9	1	2	0

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
0	1	4	0	4	2	6	2	3	4	7	11	7	0	1	2	1
3	1	14	10	9	12	10	4	7	9	8	8	11	7	5	8	8
2	2	0	5	5	2	2	2	3	5	3	1	1	3	2	2	7
11	8	2	3	0	2	2	8	7	2	2	0	1	7	6	6	4
4	7	0	1	2	2	0	2	0	0	0	0	0	3	6	1	0

Figure 9.7: Phillipi Trust's Counsellors' Responses to the Entire Questionnaire

Addendum 10

Living Hope Responses

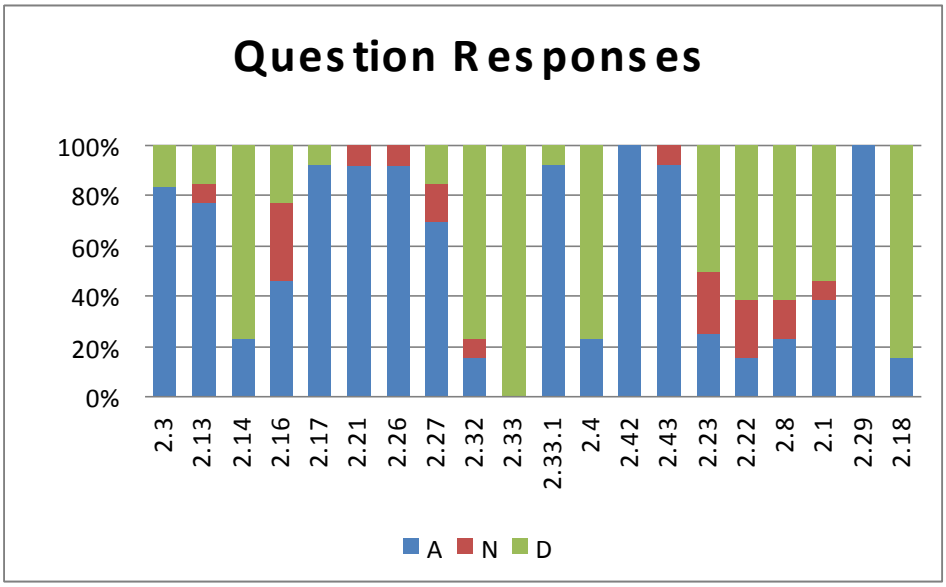

Figure 10.1: Living Hope's Counsellors' Responses to Central Questions (graphic depiction)

All																				
	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	10	10	3	6	12	11	11	9	2	0	12	3	13	12	3	2	3	5	13	2

N	0	1	0	4	0	1	1	2	1	0	0	0	0	1	3	3	2	1	0	0
D	2	2	10	3	1	0	0	2	10	13	1	10	0	0	6	8	8	7	0	11

Figure 10.2: Living Hope's Counsellors' Responses to Central Questions

Males

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	2	0	1	2	1	1	2	0	0	2	0	2	2	1	1	1	0	2	0
N	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0
D	0	0	2	1	0	0	0	0	1	2	0	2	0	0	0	1	1	1	0	2

Figure 10.3: Living Hope's Male Counsellors' Responses to Central Questions

Females

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	8	8	3	5	10	10	10	7	2	0	10	3	11	10	2	1	2	5	11	2
N	0	1	0	4	0	1	1	2	0	0	0	0	0	1	2	3	2	0	0	0
D	2	2	8	2	1	0	0	2	9	11	1	8	0	0	6	7	7	6	0	9

Figure 10.4: Living Hope's Female Counsellors' Responses to Central Questions

Counselling Group

MTCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	3	1	1	3	3	3	1	1	0	3	1	3	3	0	0	1	1	3	1
N	0	0	0	2	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0
D	0	0	2	0	0	0	0	0	2	3	0	2	0	0	2	2	2	2	0	2

VCT

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	5	2	3	6	5	6	6	1	0	5	1	6	5	1	1	3	3	6	2
N	0	1	0	1	0	1	0	0	0	0	0	0	0	1	2	2	2	1	0	0
D	1	0	4	2	0	0	0	0	5	6	1	5	0	0	2	3	1	2	0	4

ADH

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	9	8	1	5	9	9	8	7	2	0	9	3	10	10	2	2	3	3	10	1

N	0	0	0	2	0	0	1	1	1	0	0	0	0	0	2	2	0	1	0	0
D	1	2	9	3	1	0	0	2	7	10	1	7	0	0	5	6	7	6	0	9

Figure 10.5: Living Hope's Counsellors' Responses to Central Questions According to Counselling Type

Education Level

Less than Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	2	1	1	2	3	2	2	1	0	3	0	3	3	1	1	1	1	3	0
N	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
D	1	1	2	2	1	0	0	1	2	3	0	3	0	0	2	1	2	2	0	3

Matric

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	6	6	2	4	8	7	8	5	1	0	7	3	8	7	1	0	1	4	8	2
N	0	1	0	4	0	1	0	2	0	0	0	0	0	1	2	2	2	0	0	0
D	1	1	6	0	0	0	0	1	7	8	1	5	0	0	4	6	5	4	0	6

CC

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	6	5	2	3	7	6	7	6	1	0	6	2	7	6	1	1	2	3	7	2
N	0	1	0	3	0	1	0	1	0	0	0	0	0	1	2	2	2	0	0	0
D	1	1	5	1	0	0	0	0	6	7	1	5	0	0	3	4	3	4	0	5

Tertiary

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	5	4	1	3	6	4	5	6	1	0	6	2	6	5	2	1	2	3	6	2
N	0	1	0	2	0	1	0	0	1	0	0	0	0	1	3	2	2	1	0	0
D	1	1	5	1	0	0	0	0	4	6	0	4	0	0	0	3	2	2	0	4

Figure 10.6: Living Hope's Counsellors' Responses to Central Questions According to Level of Education

Age groups

<30

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	1	0	1	1	1	0	2	0	0	2	0	2	2	2	1	0	0	2	0
N	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0
D	1	1	2	1	1	0	0	0	1	2	0	2	0	0	0	0	2	2	0	2

31 - 35

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	6	5	1	4	6	5	6	3	2	0	6	2	6	6	1	0	2	4	6	2
N	0	1	0	1	0	1	0	1	0	0	0	0	0	0	1	2	1	1	0	0
D	0	0	5	1	0	0	0	2	4	6	0	4	0	0	3	4	3	1	0	4

36 - 45

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	2	4	2	1	4	4	4	3	0	0	3	0	4	3	0	1	1	1	4	0
N	0	0	0	2	0	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0
D	1	0	2	1	0	0	0	0	4	4	1	4	0	0	3	3	2	3	0	4

> 46

	2.3	2.13	2.14	2.16	2.17	2.21	2.26	2.27	2.32	2.33	2.33.1	2.4	2.42	2.43	2.23	2.22	2.8	2.1	2.29	2.18
A	1	0	0	0	1	1	1	1	0	0	1	1	1	1	0	0	0	0	1	0
N	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
D	0	1	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	1	0	1

Figure 10.7: Living Hope's Counsellors' Responses to Central Questions According to Age Group

All															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	210	2.11	2.12	2.13	2.14.	2.15
SA	2	2	6	1	2	3	0	2	2	2	0	2	3	1	4
A	3	5	4	2	5	3	0	1	3	4	1	3	7	2	4
N	1	0	0	0	1	2	2	2	2	4	0	3	1	0	1
D	4	5	0	8	3	4	3	6	4	1	6	5	1	6	2
SD	3	1	2	2	2	1	7	2	2	2	6	0	1	4	2

2.16	2.17	2.18	2.19	220	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28	2.29	230	2.31
1	10	1	0	1	4	0	1	2	0	5	6	0	5	3	5
5	2	1	1	2	7	2	2	7	2	6	3	0	8	4	7
4	0	0	3	1	1	3	3	3	3	1	2	0	0	3	1
0	0	5	5	8	0	6	4	0	5	0	1	6	0	3	0
3	1	6	4	1	0	2	2	1	3	0	1	7	0	0	0

2.32	2.33	2.33.1	2.34	2.35	2.36	2.37	2.38	2.39	240	2.41	2.42	2.43	2.44	2.45	2.46	2.47
1	0	10	1	2	1	4	1	2	4	3	7	5	1	1	1	1
1	0	2	4	8	5	8	0	3	7	2	6	7	6	0	4	4
1	0	0	3	2	2	1	1	2	2	3	0	1	2	4	3	2
4	7	1	4	1	2	0	5	3	0	3	0	0	2	4	3	4
6	6	0	1	0	3	0	6	3	0	2	0	0	2	4	2	2

Figure 10.8: Living Hope's Counsellors' Responses to Entire Questionnaire